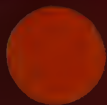


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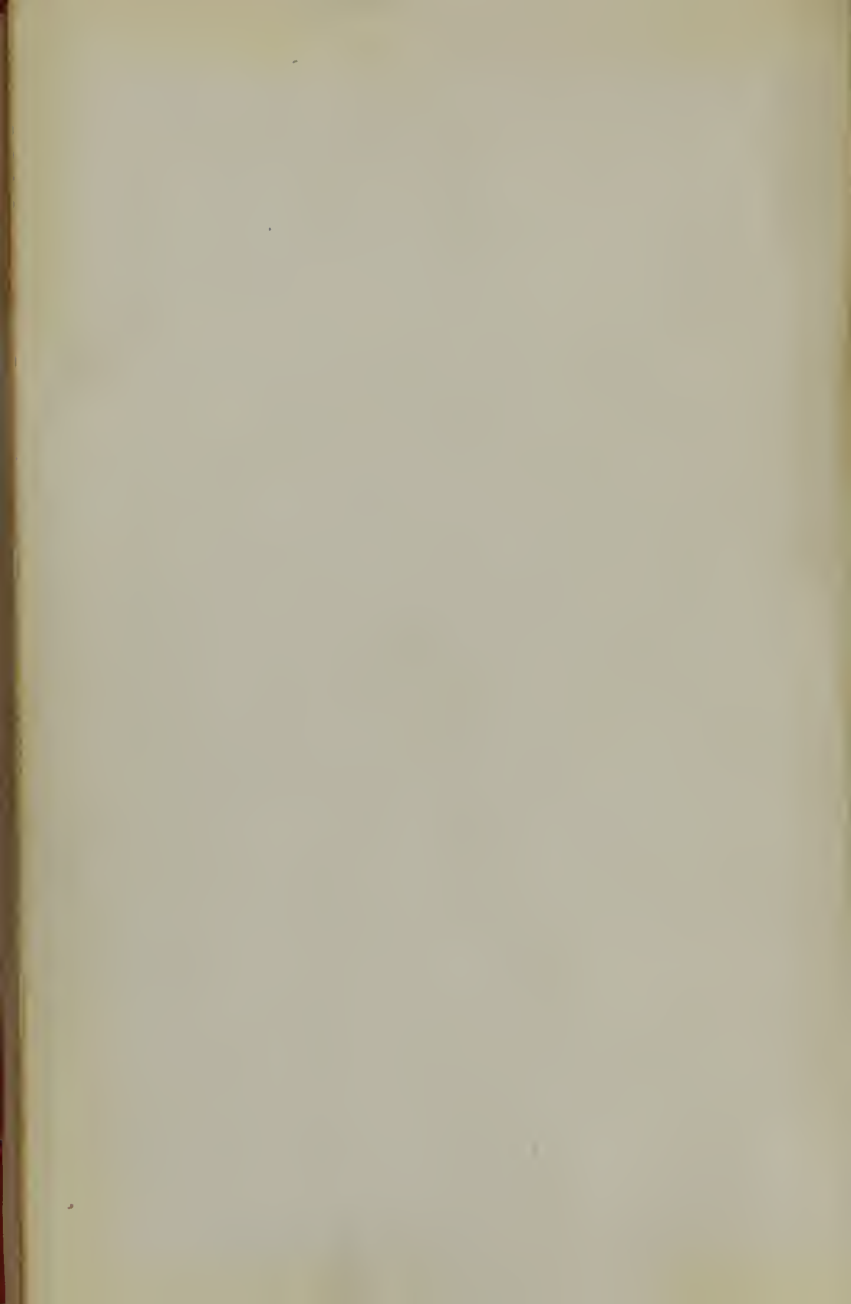


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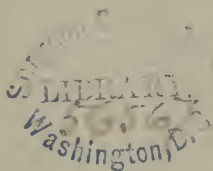
POST MORTEM EXAMINATIONS

—made at—

Knight A. S. A. Gen. Hospital.

—by—

A. A. Surgeon W. C. MINOR.



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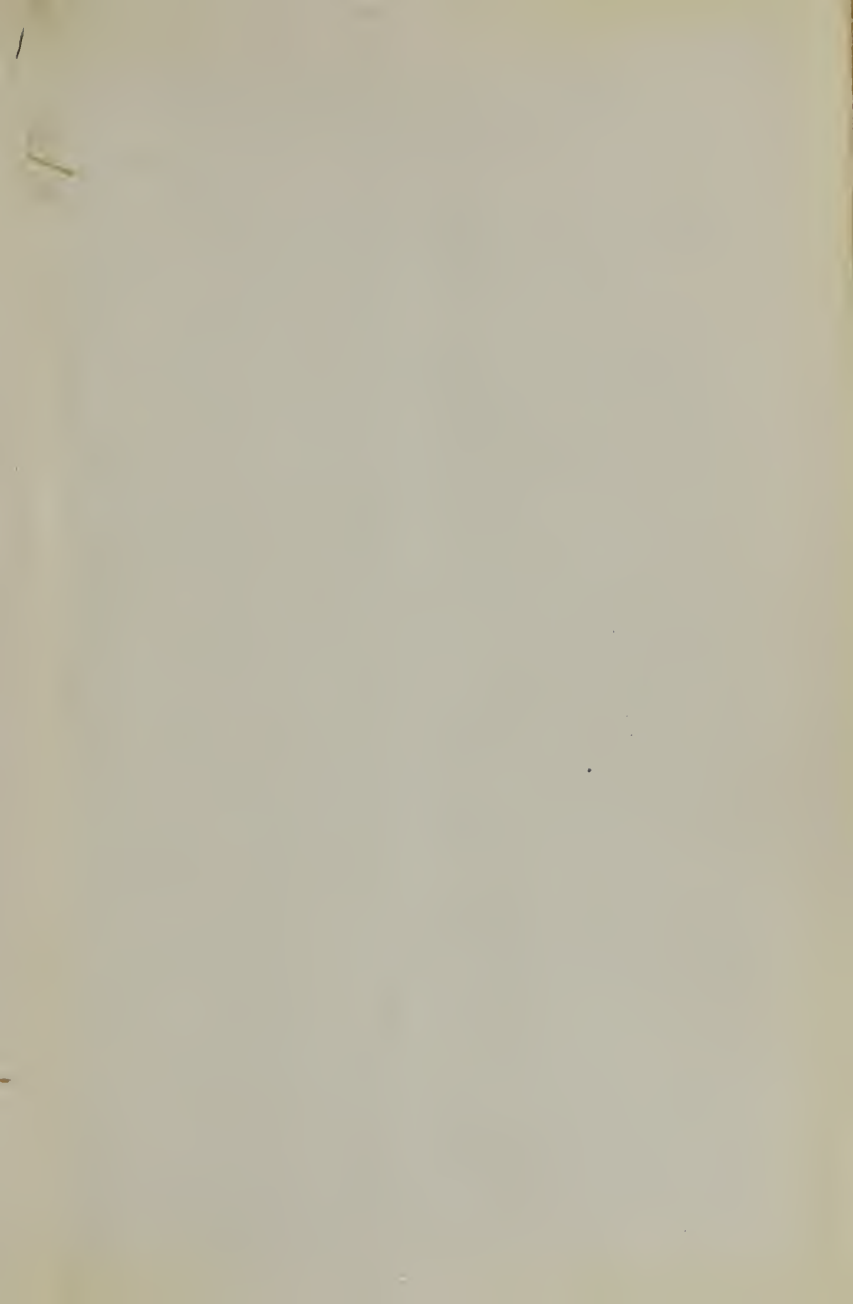
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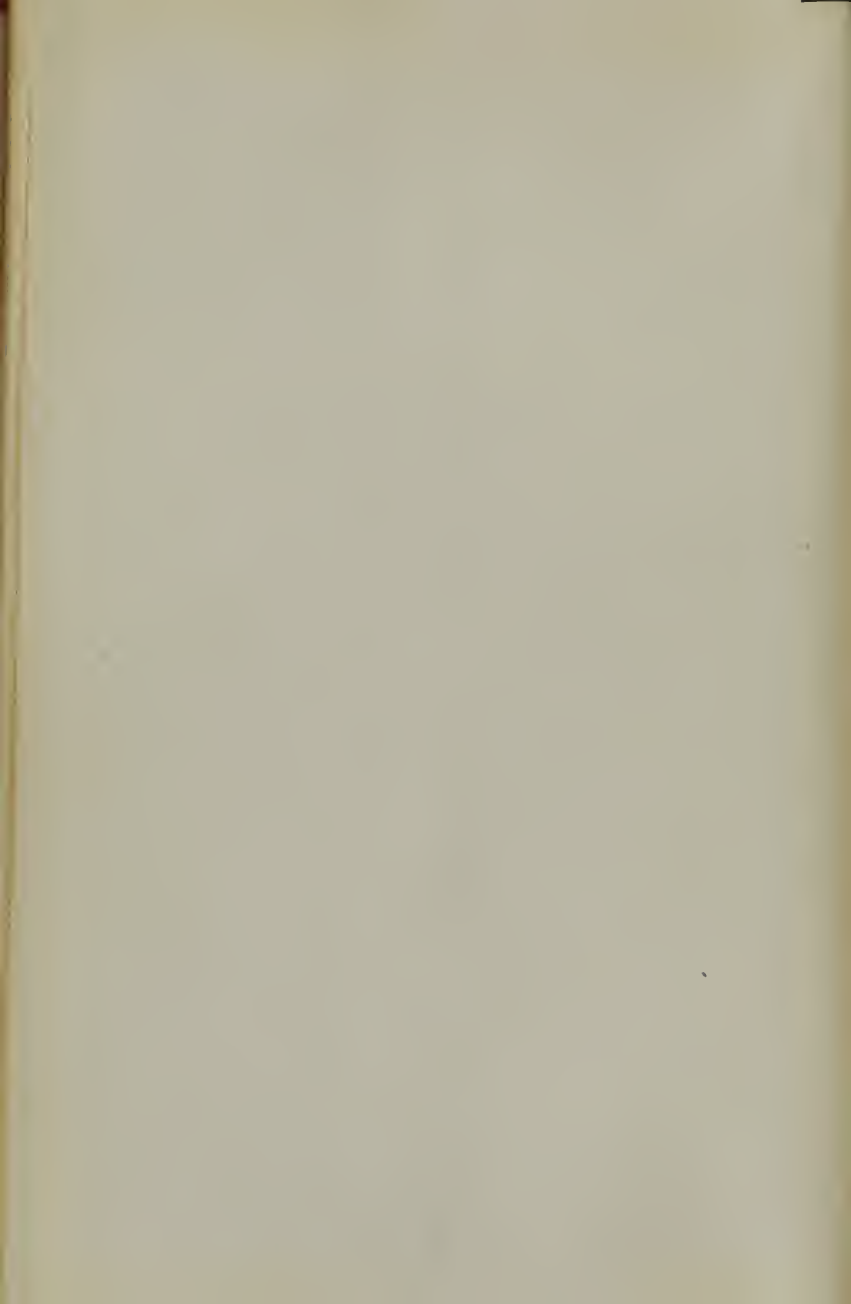
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ACCIDENTAL STRANGULATION. ✓

Autopsy, 11 hours after death.

Autopsy of Joshua Gore, about 11 or 12 hours after death, Oct. 3d, 1863, (65° Fah.)

A. Well marked hypostasis of the trunk and members eadaverically rigid. Gunshot abcess just an inch forward of right ramus discharging pus, and a fistulous opening into mouth an inch and a half anterior to this, with an old ununited fracture of jaw.

B. *SECTIO CADAVERIS.*

1. Scalp and membranes largely injected with blood; effusion between membranes—giving a semi-opalescent appearance between the gyri, especially over parietal and occipital lobes. Brain quite consistent, very fully and minutely injected with blood. The right corpus striatum had a yellow hardened cicatrix (?) of an irregular form, extending from above downwards perhaps half an inch. Its color varied in parts from pus to gall. The choroid plexus on each side was pale, slightly opalescent and had blebs (?) of fluid.

2. 1st. In the pharynx was a piece of corned meat—mostly gristle—extending an inch or two down the œsophagus and a little way down the larynx. This had been undoubtedly the cause of death. 2nd. The larynx was opened anteriorly, was slightly but minutely injected, and this injected mucous membrane could two hours afterwards be readily scraped off by the forceps. The posterior intercartilaginous membrane was of a darker color uniformly. 3d. The lungs had old pleuritic adhesions behind, and mesially to the pericardium completely covering the course of even the right phrenic nerve. Were externally spotted with black, internally filled with blood and hypostased. Bubbles of air to be squeezed out with the blood, but not so freely posteriorly as anteriorly. 4th. The heart was large and flaccid, especially the auricles, and contained almost no blood. There was little serum in the pericardial cavity.

3. 1st. The Liver was quite large, had a slightly granulated—cirrhotic—appearance externally, but appeared quite normal internally. 2nd. The Stomach was highly injected, its mucous membrane showing the vessels very distinctly. These were not to be scraped off. 3d. The Spleen was small and soft and granular.

4. The blood was entirely fluid, not a clot having been observed in any part, nor did it coagulate on the floor or table.

The officer who shook the subject when he was first found had been accused of causing his death, which the post mortem disproved. Gore might however been saved, as when first seen he was heard breathing convulsively, but supposed to be drunk. Time 11 1-2 at night. Gore was said to have been a very intemperate man. There were no indications of it in the post mortem.

TRAUMATIC PERITONITIS.

Autopsy, 10 hours after death.

Autopsy of Patrick Costello, a deserted substitute, made about ten hours after death, from gunshot penetrating wound of the abdomen received three hours before death, Oct. 15th, 1863.

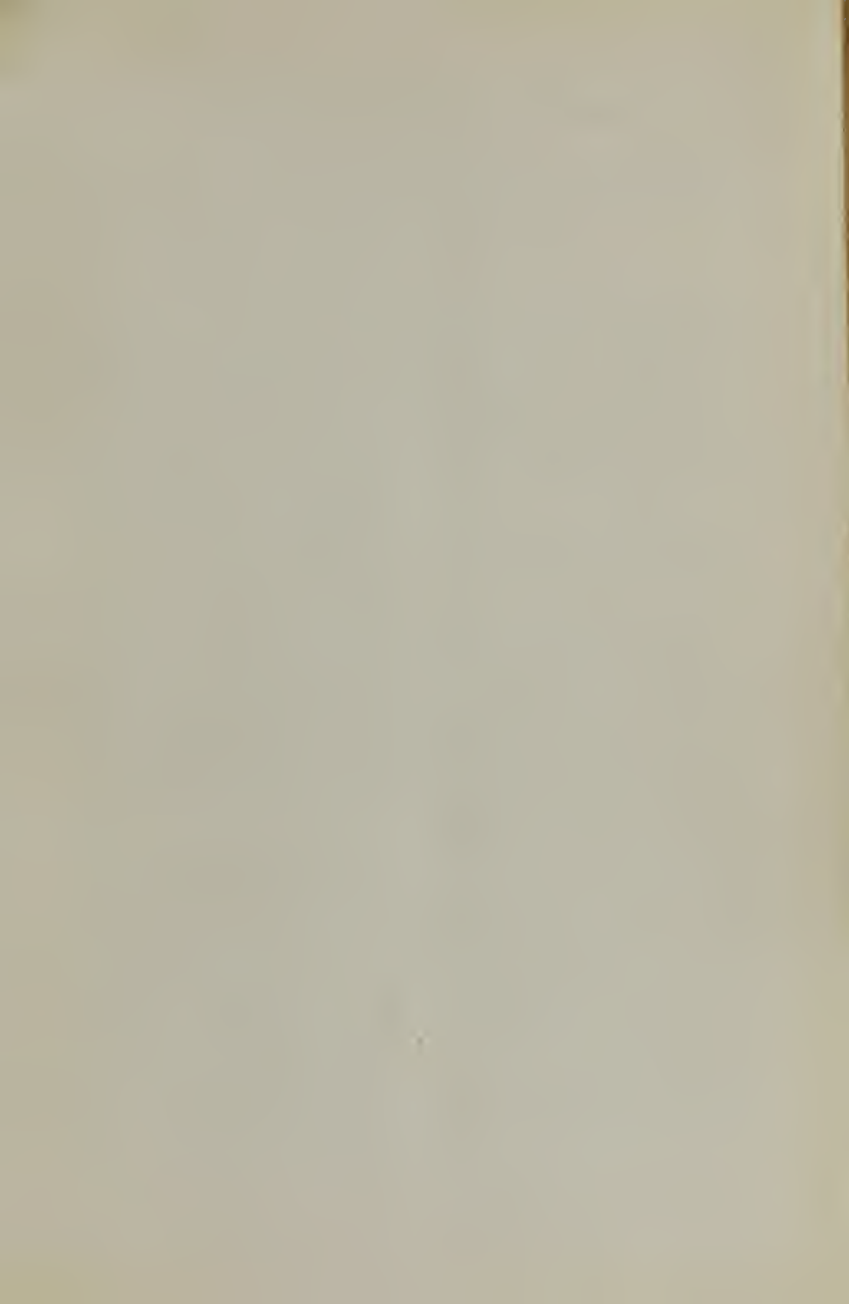
- A. The body had a white and somewhat waxy appearance. There were faint traces of hypostasis on the back of the trunk. There was a round gunshot wound nearly half an inch in diameter in the left lumbar region from which oozed a sanious fluid. A very offensive odor was also emitted. The wound was about three inches to the left of and a little below the line of navel. When probed it had seemed to lead down to the crest of the ilium.

B. *SECTIO CADAVERIS.*

1. The posterior portion of the longitudinal sinus of the brain alone had any blood in it.

2. The lungs were quite white and very little hypostasis shown. The heart was of some size, was destitute of blood except in the left (?) ventricle where there was a regular polyp structure, the red globules having separated and the fibrin coagulated. There was a good deal of straw colored clear fluid in the pericardium.

3. The inner surface of the abdominal cavity showed a round patulous opening about one inch below the external wound. Into this a small portion of omentum protruded firmly and was partially adherent. Large clots of blood formed adhesions in every direction between the omentum intestines and the walls of the abdomen, and a large quantity of fluid blood occupied the posterior portions of the abdominal and the pelvic cavities. No deposits of pus. The liver was of a leaden color and had but little blood in it when cut into. The sigmoid flexure was uncommonly well marked and just medially—internally—to the ascending portion and about two inches below the superior curve was a penetrating wound of the mesentery. From the flexure overlying the descending colon in part there was a penetrating wound of the peritoneum just internally to that gut. The wound then led into the substance of the psoas muscle and through that into the superior surface of the left wing of the sacrum. It then passed downward traversing the substance of the sacrum from half to fourth of an inch behind the anterior surface of the sacrum, and cutting through the first, second and third anterior sacrosiatic foramina, and in the last it remained.





CHRONIC DIARRHŒA.

Autopsy, 3 hours after death.

Autopsy of James Gerald, a soldier long sick of Chronic Diarrhœa, who died finally with symptoms of Phthisis, the Diarrhœa being checked, made three hours after death, Nov. 14, 1863.

A. No hypostasis. The body very emaciate.

B. *SECTIO CADAVERIS.*

1. The entire upper lobe of the left lung was occupied with a cavity. Internally against the pericardium, it was condensed, adherent with smaller cavities discharging pus. The outer portion of the lower lobe was just free from adhesion, had a small portion that crepitated, but was against the pericardium also adherent, condensed and with forming tubercles (?). He had coughed incessantly before death and the cavities were quite open and free from offensive matter. The right lung appeared white and full of air, but the upper subclavicular end was condensed with an incipient abscess and pus.

2. The pericardium contained a good deal of straw colored serum (half full ?) chronic inflammation by the near presence of the diseased lung? The heart was quite small.

3. The omentum formed a thin membrane with faint lines of fat here and there. The stomach was of considerable size and had no sign of inflammation on its serous or mucous coats. The liver was of a dark lead color with a faint purplish tinge, of normal size, but very free from blood when cut into, and finely granular. The spleen was also very free from blood and nearly the same color as the liver without perhaps quite so much of the purple tint. The ilia appeared normal, but the cœcal surface of the ilio-cœcal valve was injected of a dark red color. The contents of the ilia were clay yellowish and of the consistence of hasty pudding. The appendix vermiformis was a white cord about a pipestem's thickness. The caput coli was a distinct head and filled with fœces, and its mucous surface was inflamed. The transverse colon was white, contracted to the thickness of my finger, with the sacculi strongly apparent on each side. Similar was the condition of the descending colon. The appendices appiploicæ were scattered tags of very yellow fat. The kidneys were unusually large and the pelvic cavities were filled up.

4. The fatty tissue in all parts of the body was extremely yellow. There was but little blood in the body, yet a well formed clot in the heart. Two hours afterwards some of it was found still fluid in the heart. The weather was warm and wet.

LYMAN R. ROYCE.

Autopsy, 1 hour after death.

Autopsy of Royce, a colored soldier, made one hour after death, December 31st, 1863.

A. Royce was found in a dying condition but a few hours before death, and had been treated as for a cold two days before.

B. *SECTIO CADAVERIS.*

1. But little blood from vertical section of the scalp. A gelatinous appearing effusion under arachnoid, and on right side near vertex of brain a distinct lymph globule about the size of a pea in a larger mass of gelatinous fluid. The substance of the brain was injected. Choroid plexus was pale.

2. Lungs without adhesions and perfect. The superior left lobe had an old cicatrix with chalky concretions in it, and yet no adhesion there. The pericardial cavity had barely an ounce of fluid in it.

3. Stomach was filled with fluid. The colon and ilia empty. Transverse colon about one inch in width and saeculated. The Liver of a chocolate red normal color. Kidneys large. Appendix vermiformis about eight inches long.

C. The external abdominal rings were large, as was also the penis.

ALCOHOL! POISONING.

Autopsy, 24 hours after death.

Autopsy of Lake, a colored soldier, made twenty-four hours after death, Jan. 4th, 1864.

A. Suspected to have been poisoned. Was seen drunk twenty minutes after drinking and died in two hours and a half.

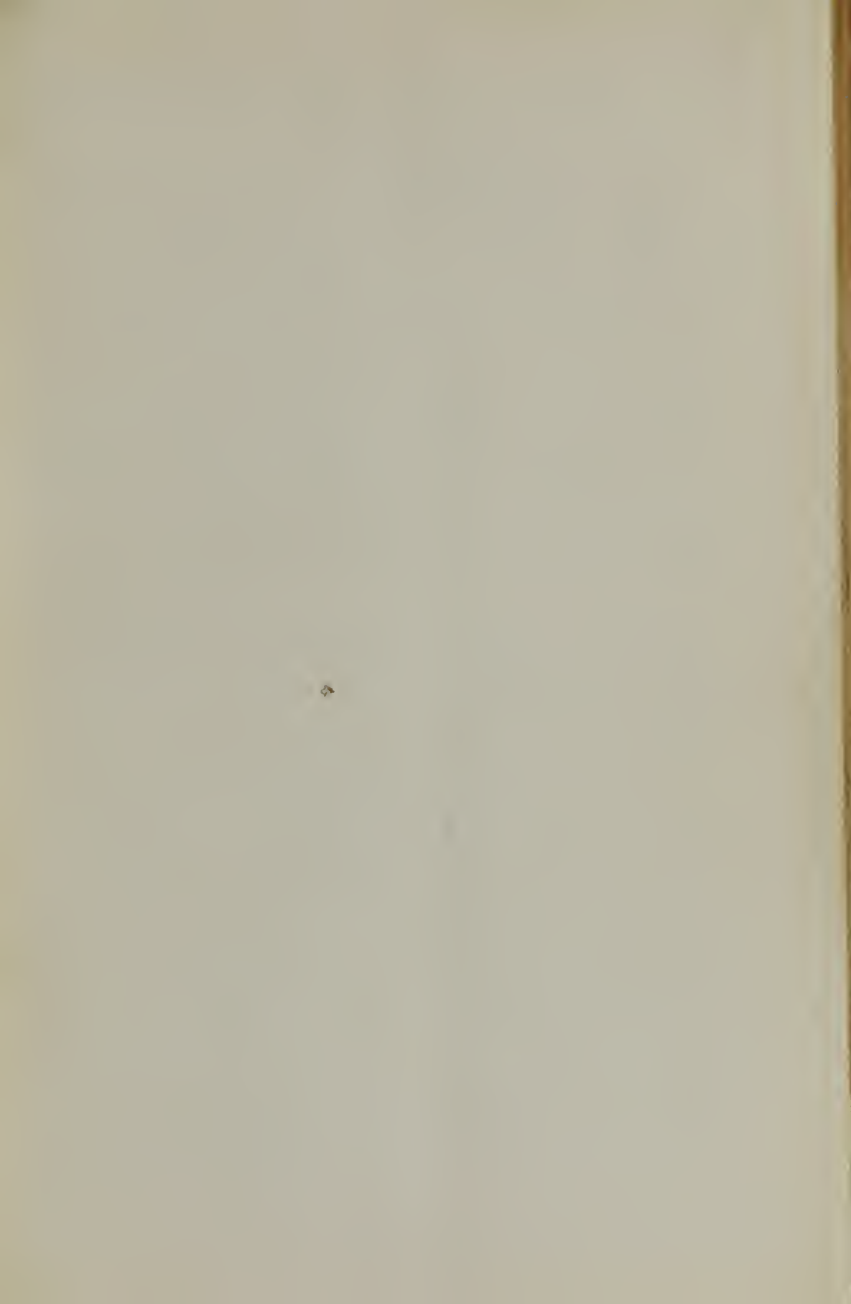
B. *SECTIO CADAVERIS.*

1. Gelatinous appearing effusion, but fluid under arachnoid. Substance of brain congested.

2. Lungs free from any adhesions and sound. The pericardial cavity had about half an ounce of fluid.

3. Stomach filled with fluid and fragments of apples. Slight marks of inflammation on its inner surface. Transverse colon about one inch wide. Appendix vermiformis three inches long. Bladder distended with fluid, showing well the pre-peritoneal cavity when the abdomen was opened.

C. Glans penis had spots of color like nit. argenti stains. Partial distribution of pigmentum nigrum.



Calom-hal

L = ash & heps

R = Lub-als.

ACUTE PNEUMONIA with some PLEURISY. ✓

Autopsy, 3 hours after death.

Autopsy of John Benson, a colored soldier, who died of Pneumonia, made three hours after death, Jan. 7th, 1864.

A. A rather stout negro about 30 years old. A watery blister mark on left side.

B. *SECTIO CADAVERIS.*

1. The pericardial cavity had about two drachms of serum. The right auricle was greatly distended with blood as were the venæ cavæ; the left auricle was small and empty.

The left lung had adhesions of recent date on its posterior wall, ^{and} was hepatized with the exception of its superior end, the anterior edge, and the inferior end. These parts alone crepitated. On being cut into it appeared of a decided liver like color in which the open bronchial tubes appeared as white spots. No decided serum or purulent show. The right lung appeared healthy, crepitating in every direction, but when cut into showed the bronchi filled with frothy mucous and pus, and its substance had dark red congesting points of the size of a pea. These were nearer the entrance of the bronchi into the lung. There were no recent adhesions.

2. The transverse colon was immensely distended with air and greatly flexed out of place. The ascending colon and the sigmoid flexure were also greatly distended, as also were the lesser intestines. All were however comparatively empty, save of air. The appendix vermiformis was some eight inches long. The stomach was empty and contracted to the size of a medium cucumber. The liver was very large and pushed high up. Its substance appeared healthy.

3. There was a little subcutaneous effusion, caused by the blister, probably, over the pectoralis muscle. The high protrusion of the liver led the surgeon in charge to suppose greater disease of the right side than of the left, since there was great dullness on percussion there. Three days ago saw the case. Had sharp stinging pain in the left side, with hurried respiration and pulse above 100. Gave Calomel and Opium, and a sinapism which eased him for about two hours. Then found him with a creaking sound to be heard over all the ward, pulse of 120 and groaning in pain. Applied a breast plate of mustard, with Dovers powder and antimony to be taken inwardly. One hour and a half after the creaking sound had ceased, and all respiratory sound, I thought, on that side. He was easier, and lay comparatively quiet till morning. He lay first on the right side, then on his back when worst, and afterwards again on the right side.

PNEUMONIA.

Autopsy, 4 hours after death.

Autopsy of Bradford Lewis, a soldier, who died of Typhoid Pneumonia, made four hours after death, Jan. 17th, 1864.

A. Quite thin and emaciated; mark of a blister on left side of chest; had a fissure of the palate quite broad, said to be congenital.

B. *SECTIO CADAVERIS.*

1. There was a good deal of serum effused between the membranes of the brain, and its substance was hardened. The ventricles were enlarged; the choroid plexus was pale; there was but little fluid in the ventricles, most having passed out (?) in the removal. The scalp adhered firmly to the skull and had but little blood in it. The gyrations were remarkably distinct and the sulci were deep.

2. There was no effusion beneath the blister under the skin. The pericardium was full of serum; the right auricle somewhat distended. The left lung was adherent behind, and had several abscesses in its substance. The right lung was adherent ^{every} on every but its anterior surface, and appeared to have cartilaginous indentations (cicatrices?) in much of its substance.

3. The liver was of normal size and color; the gall bladder had apparently a clearer fluid than ordinary; the transverse colon was contracted to about the width of the lesser intestines. These latter were inflated with air. The left kidney had spots of soft glue colored fat (?) of the size of a pea or bean, and its pelvis was quite filled up. The right kidney was of normal appearance.

TYPHOID PNEUMONIA.

Autopsy, 12 hours after death.

Autopsy of William Freeman, a colored soldier, who died of typhoid pneumonia, made twelve hours after death, Jan. 21st, 1864.

A. A muscular, well formed negro.

B. *SECTIO CADAVERIS.*

1. Effusion of serum under arachnoid, veins of membranes full of blood.

2. Pericardium held about 1 oz. of fluid. The right auricle was distended with blood. Well marked white clots in both right and left sides of heart showing casts of valves, &c. The blood was quite fluid. Right ventricle was large and its walls were thin. Right lung was hepatized in all parts except the anterior edge of the superior lobe and its superior

Alusces

201✓

202✓

Alusces

Little dump with Fleming
Abundant

203^r

with pens

end. The left lung was infiltrated throughout its substance, but not hepatized exactly. Small purulent streams in various directions.

3. Colon and ilia inflated. The liver high up and enlarged. Gall bladder less colored than usual. Spleen small and of a chocolate color.

✓ TYPHOID PNEUMONIA.

Autopsy, 4 hours after death.

Autopsy of Thomas Johnston, a colored soldier, made four hours after death, Jan. 22^d, 1864.

B. — SECTIO CADAVERIS.

1. Very little blood in section of scalp. Some effusion under arachnoid. A good deal at vertex with many spots of lymph and membranes whitened here. The veins of membranes gorged with blood.

2. The sterno-mastoids were inserted by a common tendon and very distinct from cleidomastoids. The pericardial cavity had 3 or 4 oz. of fluid in it. The anterior face of left ventricle had recent white lymph deposits. The veins of heart were also largely distended. The right auricle and ventricle were filled with blood, the left were comparatively empty. A white clot occupied right auricle and ventricle, extended up the conus arteriosus into the pulmonary arteries, and gave distinct casts of the tricuspid valves. There was also a proper black coagulum in right auricle (post mortem?) behind the white clot. A smaller white clot occupied left ^{auricle} ~~auricle~~ and ventricle. The pleural cavity had no effusion, but there were easily torn (recent?) adhesions on outer and posterior surfaces of lungs. The lungs, upon removing the sternum, appeared white mottled with black, and crepitant. The two lobes of left lung were united by recent adhesion through the whole extent of the interlobular fissure, and more firmly toward base of lung; were, with exception of a band three or four inches wide along anterior edge of lung which was crepitant, softened, without air, infiltrated with seropurulent fluid, but without distinct abscesses; and parts near the sound portion were hepatized. The lower posterior end of lower lobe not quite so softened. The right lung had its lobe also united. The superior lobe was completely infiltrated, softened and with diffused pus more marked than on left side. The middle lobe was similarly affected with exception of its anterior edge which was crepitant and the inferior lobe was wholly crepitant. Those portions of both lungs which were crepitant were however bubbling with serum. but

3. The stomach and ilia were somewhat inflated. The sigmoid flexure had got across under the ilia to the right side, and with the ascending and transverse colons was immensely distended with air. The

spleen was soft, of a leaden hue and somewhat enlarged. The liver was large and a little softened, but natural in color. The gall bladder was small and of a lighter color than usual. Appendix vermiformis about six inches long. *The patient was*

but C. Was sent over from Conscript Camp with acute rheumatism of knee. *He* Made no complaint of his lungs and none was suspected, especially as upon percussion the clear anterior edge would have deceived. *He* Had rather a quick respiration, and died suddenly with some delirium upon subsidence of the pain at knee.

TYPHUS.

Autopsy 8 hours after death.

37 Autopsy of Jeremiah Saulsbury, a colored soldier, who died of Typhus fever, made eight hours after death, Jan. 24th, 1864. Temperature at Thawing.

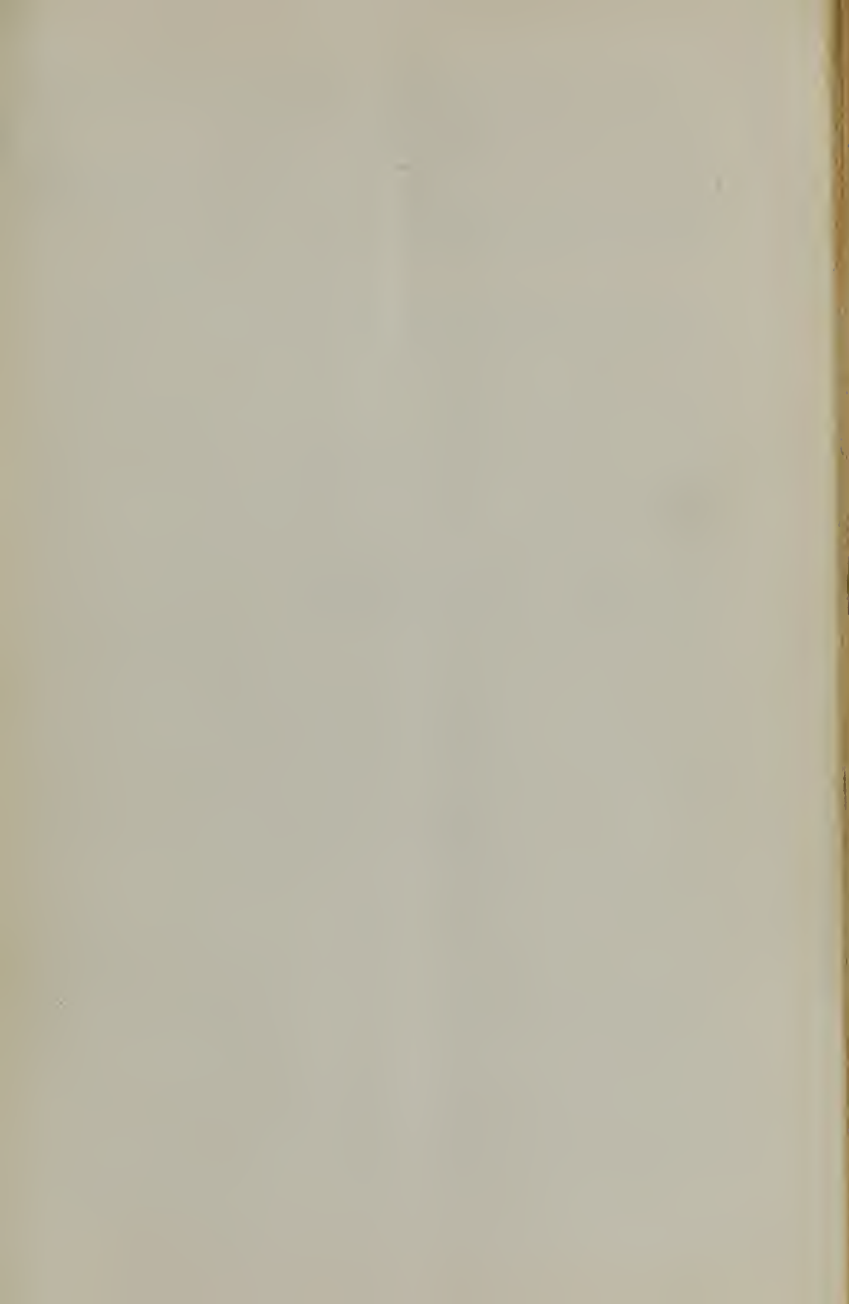
A. Some froth at nose and mouth. A stout, well made negro.

B. *SECTION* *CADAVERIS.*

1. Some blood flowed on section of scalp. Some little effusion outside of brain, with well marked deposits of pus between gyri of frontal lobes and of parietal lobes near longitudinal fissure. Very large deposits of pus over Pons Varolii, Medulla Oblongata, Crura Cerebri and Cerebellum. Some pus (that had flowed in?) in the digital cavity of lateral ventricles of each side. Choroid plexus pale. Ventricles with some effusion but not enlarged. Substance of brain gorged with blood. A mass of pus covering anterior corpora quadrigemina (there had been squinting during the last three or four days) and the serous membrane covering them—nates—was finely injected. All the pus found was very viscid and stuck together like phlegm. Substance of brain not softened.

2. Pericardium full, enough to show at once, of serum. Right auricle full and containing coagula and a small white clot (emboli?). Left auricle comparatively empty, but not so much so as in the last few autopsies of Typhoid Pneumonia. Right ventricle much as auricle, and containing the greater part of the white clot. Left ventricle had no white clot. Left lung adhered by anterior and inferior surface of lower lobe to pleura (old adhesions). Upper anterior edge of upper lobe very white. Upper lobe crepitant. Lower lobe filled with blood—hypostasis—and some spots of proper hepatization. Right lung sound and crepitant. Inferior edge of middle lobe emphysematous. No adhesions in any part of pleura. The lobes were partly adherent along interlobular fissure.

3. Colon and ileum inflated. Liver a darker color than usual and fuller of blood. Gall bladder stains through around.



Bot. pl. Alseodora

204

INCIPIENT PHTHISIS and CONGESTION of the LUNGS.

Autopsy. 18 hours after death.

Autopsy of Richard Roster, a colored soldier, made about eighteen hours after death, Feb. 2nd, 1864.

A. A very small, emaciated darkie about 17 years old; said to have been a slave in Maryland. Several whitish sears on thighs and shins.

B. *SECTIO CADAVERIS.*

1. Only one of the superficial temporal veins of one side bled in section of scalp. There was but little effusion, though the pia mater was roughened at vertex by numerous white granules of lymph. The meningeal veins were quite full.

2. The pericardium was full of fluid. The right auricle, the venæ cavæ, the right ventricle and the pulmonary arteries were full of blood. The conus arteriosus showed uncommonly well. The right auricle had a large white (embolic?) clot, having a smoothed and hardened surface at the sides, and an open cavity or depression superiorly, in which clots of black coagula adhered to the softer rough bottom. The base of the clot was fastened by white cords passing into the fissures between the columnarnæ. A smaller and less formed similar white clot occurred the ventricle, on the right side, but did not extend beyond the conus arteriosus. The left auricle and ventricle were comparatively shrunk-in and the latter only had a black post mortem clot of small size. The blood on this side was all thick and black. The left lung, with the exception of its anterior edge, was entirely adherent to the thorax and its lobes were united. The substance was not hepatized, but had traits of a pale solid structure, with here and there traces of a well defined pus cavity. Many of the blood vessels appeared enlarged and blood flowed freely and in unusually large streams. A very few spots were of a dull red color distantly resembling hepatization. The lower lobe was most congested. The right lung was wholly free from any adhesions to the pleura, but the interlobular fissures were partly filled up from the base of the lung. These lobes were more decidedly tubercular and less congested, but admitted air more freely than on the left side. The thymus gland was full of blood and of the size of a butter-nut. The bulbus arteriosus was injected with blood and retunlate.

3. The liver was large; the left lobe flattened out into an additional lobe with large veins showing at the surface here and there. The right lobe was thick and enclosed the pundus of the gall bladder. This latter was distended, but not of a high color, and did not stain around. The color of liver was unusually purplish. The spleen was normal and of a purple lead color. The Kidneys were small but natural otherwise.

C. In this case, for several days before death, there was hardly any pulse to be distinguished either at wrist or neck, and perhaps to the small quantity of blood that could have gone to the lungs may be attributed the slower chronic inflammation.

PNEUMONIA TYPHOIDES.

Autopsy, 12 hours after death.

Autopsy of Moses Williams, a colored soldier, made between twelve and fifteen hours after death, Feb. 4th, 1864.

B. *SECTIO CAD AVERIS.*

1. No blood on vertical section of scalp. A small amount of effusion under arachnoid at vertex, and some white granular adhesions to dura mater there. Meningeal vessels of right side apparently more numerous and gorged with blood. Those of left side not so full. Substance of brain slightly hardened and filled with blood so that it flowed after the knife. Ventricles enlarged and filled with fluid. Choroid of a pinkish red color.

2. Pericardium filled with fluid. Bulbus arteriosus highly injected and with a deposit of nearly transparent lymph forming a half ring about it. Heart large and distended on each side, but especially on right side. On posterior surface of left ventricle, near base, there was a white spot about the size and shape of a stamp. The pleural sides of pericardium were fully injected, but the inner sides were pale, and not red. In right side of heart there was an interesting group of clots occupying almost the entire cavity. The ventricle was greatly enlarged and softened, especially on the inner surface. These clots seemed to consist of an older white formation, occupying right and posterior sides of auricle and ventricle, and upon this a more recent clot of partially black coagulum, and less definitely formed white coagulum seemed to have been deposited. The older white clot also extended up the conus arteriosus and continued into pulmonary arteries with a distinct cast of the tricuspid valves. It was continued from just beyond the valves by a black coagulum into the right and left pulmonary arteries. 1. The left ventricle had also a tolerably well formed white clot, and mixed white and red and black coagula. 2. The left lung had adhesions on the posterior surface that were recent, and layers of lymph could be raised and torn away. Beneath these on the posterior part of the superior lobe of that side the surface was blotched with bright red spots looking as though it had fresh blood sprinkled on it. These were beneath the serous membrane of the lung. The substance of the lung was of a softened consistence, of a pale red color, as one might suppose

265 ~~Bottle~~ ~~multiserial~~ ~~file~~.
C. 15.



a soaked liver to be. From many of the arteries white clots like those of the heart were drawn out. A reddish muco-purulent fluid saturated the whole. The superior end of the upper lobe, its anterior edge and the inferior and anterior edge of lower lobe only crepitated freely. The right lung was slightly adherent on posterior surface, but had none of those bright red markings found on the other lung. It had a superficial indication of a division of the upper lobe by a transverse fissure above and parallel with the ordinary transverse interlobular fissure. Substance of lung irregularly affected with pale solidification.

3. Stomach had its mucous coat very white. No traces of inflammation in the intestines, which were, however, somewhat inflated. Liver large, a little pale and softened. Spleen soft and of a purpie blue color. Kidneys not showing the cortical and medullary substances distinctly. The pyramids of Malpighius very distinctly shown however.

C. Williams had been sick with pneumonia; had got better, and went home for a week or so and came back only to die.

PLEURISY.

Autopsy, 3 hours after death.

Autopsy of R. Ostis, a colored soldier, made three hours after death, Feb. 10th, 1864.

A. Marks of blisters on chest, left side. No intercostal swelling.

B. *SECTIO CADaveris.*

1. The superficial temporal veins were full of blood. Some effusion at vertex, and white roughening spots. Substance of brain soft. Ventricles not distended with fluid nor enlarged. Choroid plexus rosy red. Meningeal vessels distended with blood.

2. Pericardium held about 1 oz. of a quite yellow fluid. There were numerous white stringy deposits connecting heart and pericardium. The diaphragmatic surface of pericardium was greatly roughened with white granules, and to a certain extent the posterior and lateral walls. A white fibrinous clot, softer than most of those found in typhoid pneumonia, and smaller, occupied the right auricle interdigitating by similar cords with the muscoli pectinati, communicated by a flat stem about the size of half a finger, with a clot in right ventricle. This latter also of comparatively small size and firmly fastened; had a process up the conus arteriosus, and terminated just above the semilunar valves by a ragged rounded edge, on which a black (post mortem?) coagulum adhered. Beyond that up to the division into right and left pulmonary arteries, the vessel was free from white clot. No observation was made, as should have been, beyond. The heart was a little to the right of normal position. The left ventricle had a small clot reaching up aorta.

This was still softer than that of right side. The right clot had stains of a dull red color due to spots of blood just under the surface enclosed in the fibrin. Similar ones were found in its substance. Left pleura was full to distension with a rather thick serous fluid, and held masses of white stringy (coagulated lymph?) Left lung compressed into a thin mass against mediastinæ, of a dull, almost lead grey color spotted with black. When cut into crepitated slightly, but was injected with blood. Lower lobe a little more like hepatization. Right lung emphysematous in upper lobe and crepitant, though somewhat injected. Surface marbled with lead grey. Middle lobe less emphysematous. Posterior portion of lower lobe soft, hepatized and purulent. The right lung had a few old adhesions only.

8. Liver large, somewhat paler than usual, and softer. Gall bladder held but a little thick dark green bile. There were yellow gamboge spots of fluid about some of the vessels of substance of liver. The intestinal canal was also tinted yellow, almost to colorant. The ilia also about six inches from valve of Bauhin was injected with blood for nearly a foot, but there were no indications of ulceration within. Kidneys large but healthy. Supra-renal capsules present. Spleen quite free from blood, soft, and of a paler blue than usual.

9. The man had felt comparatively easy, was eating his breakfast in bed and died suddenly. A search for the coagulum up the right pulmonary artery was diverted by the flooded pleural cavity.

PLEURO-PNEUMONIA.

Autopsy, 6 hours after death.

✓ Autopsy of J. W. Holbut, a colored soldier, made six hours after death, Feb. 10th, 1864.

A. Had marks of blisters on chest, and of cupping. Had clap and swollen penis.

B. *SECTIO CADAVERIS.*

1. The cellular tissue of anterior mediastinum over apex of heart was infiltrated with a yellow serum, and continuous with inflammatory deposits at anterior edge of left pleural cavity and lung. The pericardial cavity had but a little effusion in it, and no deposits of lymph were observed. The right side of heart was somewhat distended, and had a white clot and black coagulum. The white clot was not, however, as large as in many cases observed, nor was the displacement as great to the left.

2. The left lung was hepatized. Its outer walls adherent by old deposits, and the anterior and inferior edge, covered with recent white deposits of lymph. The right lung had its lower lobes also hepatized.

3. The liver was large and somewhat softened. The gall bladder had

Reprint

206 ✓

207✓

an accessory sac near duet, and both were distended with gall. The intestines were inflated.

~~C.~~ He had complained of a pain in the region over apex of heart excessively severe, and had referred it to the heart. The pulse had been irregular and frequent.

TYPHOID PNEUMONIA.

Autopsy, 10 hours after death.

✓ Autopsy of John Price, a colored soldier, made ten hours after death, Feb. 11th, 1864.

A. — Had a scrotal hernia on right side.

~~B.~~ — *SECTIO CADAVERIS.*

1. Vertical section of scalp showed veins full of blood. Membranes pale and with yellow fibrinous clots in the vessels. A little effusion under vertex, and a few white granulations outside of dura mater. Substance of brain hardened, rather dark, but not congested. Ventricles normal in size with a little effusion. Choroid plexus very pale. Numerous yellow strings of clot in vessels of surface and substance.

2. Right auricle greatly distended, of a pale fatty appearance. Right ventricle also enlarged and softened. Its anterior surface with lymph effused, and fine threads of recent formation connecting with the lateral and posterior walls. Large white clots in each side of the heart, and reaching from right side deep into lungs, from left side dwindling into strings in arch of aorta. There were black coagula adhering to them in the vessels, and rather more in auricles than in ventricles. About 1 1-2 oz. of effusion in pericardial cavity. Left lung adherent on every side; Anterior surface covered with a layer of coagulated lymph, that could be taken up as a thick white membrane; Substance of lung crepitant, but congested; The upper end of upper lobe had an old tuberculous cicatrix with white chalky deposits.

Right lung had old adhesions on upper and anterior surface; Lower lobe of a grey, softened, semi-purulent structure, and of a grey color with streams of whitish and yellowish fluid from small bronchi; Middle lobe and upper crepitant but congested.

3. Liver large and softened. Gall bladder small and containing a thick, viscid dark green fluid. Great omentum drawn down to right internal abdominal ring where it was adherent in the hernial sac and to the abdominal walls. Also a cord like adhesion including about two feet of intestines in which at lowest point a knuckle about four inches long was inflamed. Behind the contained adherent omentum in the hernial sac, was a cavity about the size of a thumb, in which some fresh lymph and serum had been effused. It had, however, all the ap-

pearance of an old sac and probably received the knuckle of intestines noticed above. The cremasteric fascia was very distinct over the proper hernial sac, and behind the sac lay the vas deferens, plexus pampiniforme, and arteries of the cord, while the atrophied testis lay below in its tunica propria. The relatives of the epigastric artery to the sac were those of a proper inguinal hernia. The liver had numerous thin transparent bands (traces of old adhesion) connecting it with duodenum and stomach and the parietes of abdomen. Similar bands also connected various portions of the ilia, but these were not as numerous as those of liver. The spleen was small and pale. The kidneys rather larger than usual. The bladder was full to distension, reaching up some four inches above pelvis.

PLEURO-PNEUMONIA.

Autopsy, 2 hours after death.

Autopsy of James N. Fowler, a colored soldier, made two hours after death, Feb. 15th, 1864.

B. *SECTIO CAD AVERIS.*

1. The pericardium held six and a half oz. of a clear serum. ~~No localized traces of inflammation.~~ The right ventricle was rather large, but soft and flabby, and its walls were about one quarter inch thick. A small white clot more or less marked with red, and really continuous into a black coagulum lying in conus arteriosus, occupied the ventricle and was continuous upward with a similar clot in the auricle. Both auricular and ventricular portions were closely fastened by fibrinous threads around the muscular columns of the heart. The left ventricle was contracted, and its walls appeared very thick. A small white clot about the thickness of a finger, continuous up the aorta but continually smaller, was fastened in its apex. The blood flowed very freely from the innominate vein and fluidly but coagulated on the table and in the basin in fifteen minutes, and without any extensive separation of the white crusta pleuritica. There was no white coagulum in the thoracic aorta.

2. The left lung had ~~only~~ recent adhesive effusion over anterior face of upper lobe; The lower part of upper lobe was soft, of a grey color spotted with black when cut into and infiltrated with muco-purulent fluid; This formed a segment from base of the lung to the surface all along the interlobular fissure. The rest of the lobe crepitated but was infiltrated with fluid; The lower lobe was mostly crepitant but infiltrated. The upper lobe of right lung also had recent adhesion and the upper and lower lobes though partly crepitant, were infiltrated; The

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Bottle of C. - Pennant

Entomol.

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middle lobe ~~alone~~ was comparatively dry and crepitant. The trachea and bronchi were filled with muco-purulent fluid. The pleural walls were beautifully injected. The glandulæ atræ behind the base of the lung in left side and forward of aorta below base of lung were large, (size of an almond,) and one had in its black substance a chalky deposit like that of tubercle.

3. The liver was large and soft and had a good deal of blood in it. The capsule of Glisson separated easily from over its whole surface. The gall bladder was small. There was some serum in the abdominal cavity, but no lymph or localized inflammation. The entire cellular tissue behind the peritoneum, especially on the left side was infiltrated with a yellowish fluid, and the thoracic duct presented an extraordinarily distinct set of glands and fibrous connections through the abdominal region. The kidneys were large but healthy. The spleen of full size and of a steel blue color. Intestines (ilia) inflated. The greater part of colon also inflated. The left side of transverse colon however, was constricted to a little less than the width of the ordinary small intestines. Bladder distended.

C. He was for some six hours dying, out of his head, repeating portions of Scripture and finally the alphabet.

TYPHOID PNEUMONIA.

Autopsy, 8 hours after death.

Autopsy of John Thomas, a colored soldier, made eight hours after death, Feb. 17th, 1864. Weather 10° Feh.

B. SECTIO CAD AVERIS.

1. Yellow effusion at upper part of anterior mediastinum in front of and above remains of thymus gland. Pericardium held about four oz. of clear yellow straw colored serum. Heart pushed a little to the left and distended. Right ventricle enlarged, walls not over 1-4 inch thick. A firmly interlaced white or yellow clot occupied anterior portion of ventricle from tricuspid valves to apex, and up conus arteriosus into pulmonary arteries. Behind this a black recent coagulum quite uniform in substance and quite distinct lay, connecting the coagulated blood which filled the distended auricle with that which filled the pulmonary arteries. Some fluid blood (or serum colored with blood, it was so fluid) ran out upon making the first incision into ventricle in situ. Left ventricle was enlarged with somewhat thickened walls, and a small flat yellow coagulum occupied its internal face and extended as a flat band up aorta. Black coagulated blood occupied the left auricle and the aorta. The black coagulum of right auricle had a shining surface, somewhat like that of oil poured on water. Left lung had the

posterior part of the upper lobe solidified and softened and of a grey red color. The rest of the lung crepitated, but was congested with blood and mucus, there being also capillary bronchitis. The upper and lower right lung lobes were also congested and softened, but crepitant. The middle lobe of right lung was clearly crepitant and nearly healthy, showing only a fine red streak when cut into. There were old pleuritic adhesions on both right and left sides, but there was also recent effusion of lymph on the left side.

2. The liver was enlarged and a little pale. The gall bladder nearly empty. The stomach and intestines were inflated. The kidneys were large but healthy. The spleen was large and firmer than usual.

C. Had blisters prescribed on lower right side of body, I find, by prescription on 13 and 14.

TYPHOID PNEUMONIA.

Autopsy, 1 hour after death.

✓ Autopsy of Francis Demarest, a colored soldier, made one hour after death, Feb. 18th, 1864. Thermometer about 20° Fah.

A. — Body still warm; no rigidity as yet. The only instance I have yet had since cold weather.

B. — *SECTIO CADAVERIS.*

1. Edge of right lung quite overlapping the heart. Heart pushed over to the left so that its apex is in a line with nipple. Pericardial cavity holds about 1-2 oz. of clear yellow fluid. Heart large and distended. Right ventricle distended, so that its anterior wall is less than 1-4 inch thick with fluid blood; No trace of any coagulum in either side. Left ventricle is of laterally thick muscle.

Left lung had no old adhesions, but had some effused lymph on external surface; Interlobular fissure united by lymph. Its substance was hepatized in spots about size of a lemon; The rest was softened and of a grey color. Right lung with old adhesions, and its substance also softened and grey.

2. Mesenteric glands of a stony hardness and size of a walnut; in number, three or four were found.

C. He had a very dry black streak along the tongue. When examined some ten days ago had the apex of heart outside of line of nipple. In a day or two (Iod. of potass. used) it was back as at time of death.

CONGESTION of the LUNGS.

Autopsy, from 1-2 to 6 hours after death.

✓ Autopsy of James S. Hawley, a colored soldier, commenced 20 min.

(11.7.1914)

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after death and finished 6 hours after death, Feb. 20th, 1864. Thermometer about 30°.

A. The body warm and flexible at first opening. Still flexible at second opening, and rigor showing in muscles of neck only.

B. *SECTIO CADAVERIS.*

1. Apex of heart a little to left of ordinary position. The blood was wholly fluid in right side. Upon introducing finger found no clot in conus arteriosus, in right ventricle or auricle, and fluid blood was continually streaming out of the aperture made. The opening in ventricle was sewed up so that no blood flowed out; the sternum replaced and skin sewed over till five and a half hours after. Then a uniform red clot (not black currant jam like, but rather like red currant jelly, only opaque,) was found in ventricle of right side. A similar clot was found in pericardium with effused blood. This could be torn into layers but all of the same color and structure. It was somewhat interlaced by filaments and bands with teretes lacerti of posterior wall. Right auricle was filled with a little darker clot, also slightly adherent by interlacement. The ^{superior} ascending venæ cavæ had a dark black coagulum. Left ventricle had a small band of white clot reaching up aorta, that in some places graded off into a red or black coagulum of small size. Left auricle had the black coagulum. From some of the pulmonary vessels at base of lung a yellow semi-transparent strip about two inches long, and quarter to half an inch wide, came out upon cutting through them, but none were observed in substance of lung. Left lung congested throughout, showing a rich purple delicate marbling which became vernillion upon exposure to the air. Substance crepitant, but apparently only of the minute bronchi and not of the vesicles. Old adhesions on posterior and outer walls of lung, with recent lymph deposits along interlobular fissure and anterior face. Right lung similarly congested, but with streaks of hepatization on middle and lower lobes. Most of these did not reach the surface on any side. Old adhesions on posterior and outer walls. Posterior part of substance of right lower lobe also softened. Some bullæ, as large as a walnut, of emphysema on anterior surface of left lung.

2. Liver large, of a pale color, but full of blood, and with tough old membranous adhesions to spleen, stomach and left side of diaphragm. Gall bladder of ordinary size. Yellow golden fluid about vessels of substance of liver. Spleen pale, very small, very hard, with white pea-like concretions over its surface. Intestines inflated, with no signs of inflammation. Kidneys both large; the substance pale, punctate with dark red points of diameter of a pin. Internal surface of pelvis of kidney, and mesentery of left side to some extent injected with blood and in a part of the former, a yellow purulent like, viscid substance. Pelvis of right kidney had a spot of inflammation also.

TYPHOID PNEUMONIA.

✓ Autopsy, from 1-4 to 7 hours after death.

Age 20
Autopsy of Julius F. Searle, a white soldier, begun 1-4 of an hour after death and finished six hours after, *made* Feb. 22nd, 1864.

A. Body in good condition; marks of blister on right side. Quite a young man (18 or 20?)

B. *SECTIO CADAVERIS.*

1. Heart a little to left, quite hot behind when first examined, and pericardium held about 2 1-4 oz. of serum with a small lymph deposit ~~or two in it~~. When cut into on ~~right ventricle~~, warm fluid blood flowed ~~out~~, of a lighter red than did afterward. No clot could be felt on any side of ventricle or auricle, but on posterior wall a slimy layer was felt, which, brought up, proved to be a light colored stringy layer. Most of the blood coagulated directly—within a minute—about the heart, and the latter was sowed up, all flow ending, and the sternum replaced. *at the end of 6 hours* Six hours after the effused blood between the heart and pericardium had formed a layer of a semi-transparent dull red color (red with a shade of brick) and with an ~~an apparently~~ thin layer of a lighter color. ~~In one case a distinct white layer, rough on outside and smooth on side against the red clot was taken out.~~ (It might have been already on pericardial wall.) In right ventricle a dark red (not black red) coagulum was found, with indications of a surface layer; and on anterior wall a distinct layer of white clot with projections interlacing with lacerti teretes identical in appearance with the white clots ~~already observed~~. Right auricle had a dark red coagulum also, with indications of surface layering on posterior side. *thick* Vena cava ~~ascending~~ had black red coagulum without separation of fibrin. Left auricle had a narrow white band reaching through mitral valves and reaching up aorta as a round white mottled cord about 1-3 of an inch in diameter and nearly six inches long, gradually flattening into a mass of dark red coagulum into which it was indistinguishably merged. Other dark red clots were on its side, but were easily separated, leaving a smooth surface. Left lung was congested throughout, but when pressed minute bubbles came out from the small bronchial tubes. There were no adhesions on the left side. Right lung was adherent behind and along interlobular fissure. Upper lobe congested; middle lobe more fully crepitant, but still gorged. Lower lobe in a red hepatized condition, but soft enough to push the finger through. The bronchi were inflamed and filled somewhat with mucus.

2. Stomach and colon inflated, and ilia somewhat so. Liver large, of a natural color, but pretty full of blood. Gall bladder distended

2/11

often times observed in previous autopsies:

A. B.

Patank at -

Specimen ?

2/13

with a clear yellow green fluid. The ilia were yellow inside, almost down to colon (calomel had been given.) Inside of ilia near termination, some mesenteric glands were enlarged to size of almond. Solitary glands of their surface were found inflamed and enlarged. In another part of mesentery, glands were also enlarged, and in ilia, opposite to them, similar inflammation of solitary glands existed. There were no ulcerated patches of Peyer, although there had been diarrhoea for some week or more before death.

TYPHOID PNEUMONIA.

Autopsy, 18 hours after death.

Autopsy of Stephen M. Smith, a colored soldier, made eighteen hours after death, Feb. 24th, 1864.

A. Well marked rigor.

B. *SECTIO CADAVERIS.*

1. No blood on vertical section of scalp. Effusion under arachnoid and lymph deposits at vertex. substance of brain hardened and injected. Effusion in ventricles, whose walls were fully injected. Effusion about Pons Varolii and Medulla.

2. Pericardium held two oz. of serum. Right side of heart held a well formed yellow semi-transparent clot, as did the left side a smaller one. (Specimen) Left lung crepitant, but congested. The bronchi intensely inflamed and full of pus, and tubularly enlarged near surface of lung. Right lung softened, densely congested, and filled with blackish green points, but still somewhat crepitant. The bronchi were enlarged near surface of the lung and filled with pus. Their mucous membrane intensely inflamed.

3. Liver small. Stomach with indications of inflammation. Spleen hard and small. Upper portion of rectum quite on the right side of pelvic cavity. The sigmoid flexure passing down into pelvis and then up to right sacrosciatic symphysis, and there turning down into rectum. There were two tracts of enlarged, mesenteric glands, but the internal surface of the ilia showed no special ulceration there.

TYPHOID PNEUMONIA.

Autopsy, 3-4 to 8 1-2 hours after death.

Autopsy of George W. Williams, a colored soldier, begun about 45 minutes after death, and ended 8 1-2 hours after death, Feb. 24th, 1864.
Temperature

A. Body warm when first opened, and in a state of rigor when opened the second time.

B. *SECTIO CADAVERIS.*

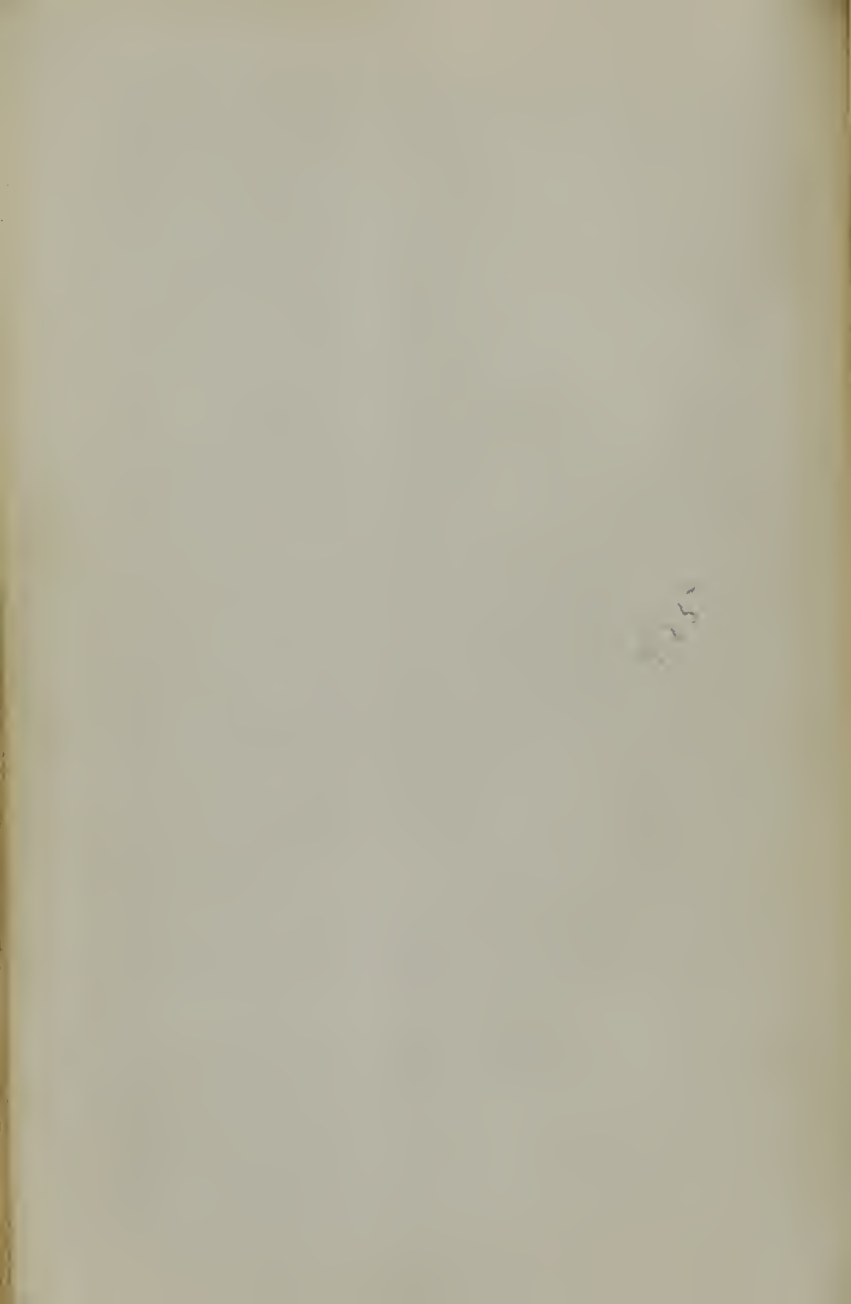
1. The lungs almost meet in anterior mediastinum above the aorta. Not more than one oz. of fluid in pericardium, and without indications of inflammation. The venæ cavæ were lifted, and the right ventricle just cut into, and by introducing the finger a firm clot was felt on anterior part. The cut was sowed up. When opened again, a rather soft, quite yellow and semi-transparent fibrinous clot was found all along apex of ventricle and anterior wall, and between the triglochin valves into auricle, and up the conus arteriosus to just above the semilunar valves. A soft black coagulum filled right auricle and venæ cavæ as far as could be felt. With the yellow fibrin clots in ventricle was a mass of the size of a large coffee bean, of a firm external texture, which burst on pressure, emitting a yellow creamy puriform fluid.

The left lung had its lower lobe semi-solidified, of a grey, finely mottled with red, color; its vessels filled with blood; the bronchial tubes enlarged near the surface, both behind and in front; and in its inferior edge near the anterior apex was a dark irregular cavity about the size of a butternut, filled with a thick dark fluid. This cavity had distinct walls and the fluid, under the microscope, was found to consist of polynucleate pus cells twice or thrice size of blood discs.

The superior lobe had on the anterior edge of the interlobular fissure a dark solidified spot, darker than liver outside and within, and filled with blood. The rest of the lung was congested with blood, but eripitant. The lower lobe was, by its inferior and lateral walls, wholly adherent by rather easily torn adhesions. The right lung had the three lobes congested; the lower one most so, the middle one least so. A smaller dark cavity in the posterior lower edge of the lower lobe, but like that on left side with a distinct wall, and these adherent to diaphragm. The upper lobe had on its upper edge an evident spot of shrunk hardened tissue of a grey color, but full of enlarged bronchi filled with pus (Rokitansky, "Path. Anat.," IV, 7.) Two spots of dark solidification, like the one of the opposite side, were on the anterior lower edge of this upper lobe. It was observable that the walls of the minute bronchi were hypertrophied, so that a thin edge of lung had a shotty feeling; that their dilatation was greater in the newly congested tissue than the partly solidified, and that they were there also fuller of pus.

2. Liver normal in size and full of blood. Gall bladder full of a wholly dark green bile. Stomach full of fluid and with a white easily scraped off internal surface, under which there was no inflammation. Spleen of good size. Kidneys large. Supra venal bodies size of butternut and larger on left side. Bladder distended to filling the entire pelvic cavity, and reaching six inches above the pulvis. Uterus inflated. Mesenteric glands size of peas, and no internal inflammation of intes-

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tines. Old firm ligamentous adhesions of liver to transverse colon.

TYPHOID PNEUMONIA.

Autopsy, some 7 hours after death.

Autopsy of Friday Kanauka, a (Sandwich Islander) colored soldier, made some seven hours after death, Feb. 25th, 1864.

A. Tattoo marks of whales and vessels &c.

B. *SECTIO CADAVERIS.*

1. Effusion and lymph in abundance at vertex. Some effusion in ventricles. Substance of brain hardened.

2. Emphysema and yellow effusion of lower part of anterior mediastinum apparently from right lung. Slight effusion in pericardial cavity. White fibrin clot in right side, ^{of heart} with black coagulum. ~~This fibrin clot wholly filled up the auriculo-ventricular opening. Fine ligamentous cords, like those of the valves, but longer and finer, were found on the valve of Eustachius, and reaching over to the superior pillar of the fossa ovalis. On the left side a small fibrin clot was found. When drawn out of the aorta it was found to consist of two separate portions; the one quite firm and white, about the thickness of a quill, had some two inches up, been folded on itself, and this, with its fold, had been included in a thin, softer and whiter sheet of fibrin clot. There were indications of a deposit intermediate to the two. The left lung was crepitant, with only recent adhesions behind. Its substance was congested with blood, and spotted all through with a somewhat more solid and deeper red substance, usually, if not always, having in its center an enlarged and hypertrophied bronchus filled with a yellow puriform fluid. When cut into, these bronchial points protruded or pointed up from the substance of the lung. The red faded away into general tissue from which blood flowed pretty freely. The right lung was crepitant only in the two upper lobes, which were, however, congested and with red carnified (?) tissue around the enlarged bronchial tubes. The lower lobe was more solidified, and its inferior posterior angle and edge had a passive œdematous (Hæse) mass of a greenish dirty color and wholly exsanguine. The tissue appeared almost semi-transparent, so great was the amount of water. The surface of the bronchi was intensely inflamed. The secretion of the bronchi, examined by the microscope, consisted of vast numbers of granules, a great many fat globules, some of which were twice the diameter of a blood corpuscle, and of pus and blood cells. In one portion taken from the œdematous part spoken of, an extremely minute Nematoid worm was seen. In warmer weather these would probably have proved gangrenous (?). There was a strong, sickish sweet smell of pus for twelve or fifteen hours before death,~~

that had led me to anticipate a great amount of pus.

The anterior edge of the right middle lobe was partly effused also adherent with deposits of lymph.

§. Liver large. Spleen also, and kidneys. Intestines showing no trace of inflammation, though there had been diarrhœa a day or two before death.

C. *Notes of condition.*—*Feb. 22nd.* Leather creak over right middle lobe. Dull below. Tongue white, with a double median band of soft red. Pulse 120. Diarrhœa from being green, now brown and soft.

Feb. 23d. Creak and blow over middle lobe. Right subclavian clear on percussion. Distinct mucous rale to be heard around. Pulse 100.

Feb. 25th. Will sit up from time to time. Strong smell of pus. Mucous rale heard around. Diarrhœa again greenish.

TYPHOID PNEUMONIA.

Autopsy, from 3-4 to 16 hours after death.

✓ *Autopsy of John Harris, a white soldier, begun 45 min. after death, and ended 16 hours after death, March 2nd, 1864.*

A. Heavily built, thick necked man, of full habit.

B. *SECTIO CADAVERIS.*

1. Vessels of vertex and forehead and occiput along median fissure of meninges filled with a black coagulum and a black blood of consistence of thick molasses or castor oil. Meningeal vessels over temporal sides held a straw yellow fluid like serum, and traces of very soft fat like yellow clots. The substance of the brain firm and thickly spotted with blood vessels. Choroid plexus distended with blood, and having minute white points through the middle portion (between Thal. opt. and Corp. Striat.) Comparatively little effusion in ventricles, but the walls covered with distended vessels. The basilar artery had but little blood, and mostly filled with serum. Pons Varolii injected densely and dark. A long yellow-white soft clot was drawn out backwards from each ophthalmic artery; on the one side gradually running into a black coagulum, on the other abruptly ending in black coagulum.

2. When first opened, 45 min. after death, the heart was found filling to distension the pericardium. An incision on the anterior face of right ventricle was made, from which the blood spouted out very freely. The finger was entered, and I felt in the entire ventricle, the pulmonary artery up to its bifurcation, the auricle, the venæ cavæ as far as their mouths; no trace of any clot of any kind. Special pains were taken to feel behind the triglochin valves. The whole was sewed up and left till morning. About 16 hours after, the heart was found full of black coagulated blood. A yellow fat-like semi-transparent clot

extended on the anterior face of the black coagulum, up the conus and pulmonary artery. That portion of it which was cast on the semi-lunar valves of the artery was more decidedly white and firm. Black coagulated blood filled also the auricle, though a thin layer of yellow diaphanous clot lay on it. The left ventricle had a mixed yellow and white clot of the same yellow appearance, extending through the mitral valves and up the aorta.

The left lung was almost entirely non-crepitant. A little air appeared to be in the anterior edge of the upper lobe, just above the interlobular fissure, but it could hardly be said to crepitate on pressure. There was a little recent lymph on the anterior face. The external surface of the lung, except at the anterior edge mentioned, was of a mottled purple color, marked out into irregular blocks about 1-4 to 1-3 of an inch in diameter, by dark lines of subserous vessels filled with a clear fluid merely, and pitted on pressure like oedema. Cut into, the substance was wholly oedematous, a great deal of fluid flowing as well as some blood. Portions were of a deep red hepatized appearance, and others looking as if the red hepatized part had been soaked in water and become decolorized, and saturated with it. The inferior lobe was if anything, of a deeper red hepatization than the upper, which last had perhaps a greater amount of oedema. The fluid was mostly frothless, and flowed perfectly clear in parts, but was soon mixed with blood which seemed to come from large vessels. The walls of the minute bronchi, so far as they existed, were of a pale violet color inside; the larger primary bronchi had a slight mucous injection. None were hypertrophied, nor did their cut ends point. The right lung had old adhesions along the external wall, which were stretched out, a very little softened by the effusion; (2) large recent deposits of lymph along the internal face, considerable effusion in the pleural cavity, nearly filling it to distension. The surface pitted upon pressure, was of a dark purple color. The superior lobe was completely solid, of a dark red when cut into, and wholly not crepitant. It was so closely united with the middle lobe that the interlobular fissure could not be distinguished in a cross section, except near the anterior edge; and deep in the interlobular fissure between it and this lower lobe, there was also a very intimate union. All this tissue was of a deep brown red color, somewhat softened, but not oedematous. The anterior edge of the middle lobe appeared to have some air in it, but was softened and semi-hepatized also. The lower lobe was more completely hepatized. Its posterior portion was still more softened, and yet neither purulent nor oedematous. There were no puriform deposits in any part of the lungs. The minute bronchi appeared largely obliterated, but were not hypertrophied nor distended. Only the mucous membrane of the primary and

secondary bronchi was inflamed and injected, and covered with a sanguinolent fluid. There had been pink sputa through the short course of the disease. The fluid under the secondary bronchi was found, under the microscope, to consist of great quantities of epithelial cells, fat corpuscles, white blood discs or pus cells, and very few granules. In this latter respect it contrasted markedly with the last case. (Kannan 1864)

2. The liver was large, of a yellow blotched surface-color, and pale within, and blood flowed freely after the knife. The spleen was large, soft, and its dark red brown structure was spotted with unusually large white. The kidneys were also large. There was a large effusion of yellow clear fluid into the peritoneal cavity, filling the pelvic cavity above the lateral true ligaments of bladder.

C. He was received *Saturday* with Tonsilitis. *Sunday* midnight he asked for water; and *Monday* morning was found breathing stertorously, of a black, livid color, with large drops of sweat. Upon being shaken up he seemed to come to. He continued comatose all day, and spitted pink sputa, being waked up from time to time. *Tuesday* he was much better, but looking waxy; got out of bed and back, but with a tendency to coma. In the evening he got off his stool, had some sort of convulsion, and died in a little more than thirty-six hours from attack of any serious nature.

TYPHOID PNEUMONIA and OLD AGE.

Autopsy, 14 hours after death.

Autopsy of William Hannibal, a colored soldier, made about fourteen hours after death, March 2nd, 1864.

A. An old man; said to be 74; having straight black hair, a light yellow skin.

B. *SECTIO CADAVERIS.*

1. The anterior mediastinum was infiltrated with yellow serum and with bubbles of air. The two pleural cavities almost met above the heart. About two or three oz. of effusion in the pericardium. The right ventricle had a yellow fibrin clot of several layers.

The left lung, with the exception of its anterior edge, was wholly and closely adherent by old firm tissue, so much so that the softer lung tissue tore away. The free surface was mottled black, as usual in persons of his age. The inferior lobe was of a dull brown red, wholly softened and solidified, streaked with dirty grey. No trace of crepitation, and though no distinct depots of pus were evident, the fluid that flowed was very closely like that in purulent infiltration. The upper lobe was hepatized behind. The anterior half or two-thirds was deeply congested, of a grey red color, yielding in substance (i. e.,

no —)

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not solid) and somewhat crepitant. Neither blood nor fluid flowed freely on cutting into it. The minute bronchi were somewhat thickened in their walls, so as to point when cut across, but rather light than dark violet in color. The right lung was also entirely adherent by close and old adhesions. Was solid in substance, non-crepitant, more softened than the left lower lobe, so as to be pushed through rather easily, decidedly more like purulent infiltration, so that the lower and the posterior portion of the whole lung tore away on removal and remained mostly adherent to pleura. In the lower part of the lower lobe was found the only deposit of puriform substance met with, and this was only a depot of size of pea. The substance was neither running with blood nor serum.

2. The liver was not very large, was dark and filled with blood. It was adherent by firm membranous bands to stomach, transverse colon and to the anterior abdominal wall. The spleen was small. The kidneys were not very large.

CHRONIC DIARRHŒA.

Autopsy, hours after death.

Autopsy of Oscar F. Daniels, a white soldier, made hours after death, March 3d, 1864.

A. Extremely emaciated.

B. *SECTIO CADAVERIS.*

1. The lungs almost met in anterior mediastinum. No heart clot; only black coagulum slightly streaked with a very fat like diaphanous superficial white clot in auricle of right side. Left lung had a few old adhesions, and some fresh ones of recent lymph, on anterior surface of upper lobe. Substance wholly crepitant (and vesicular?) Bronchi quite natural, with a little frothy fluid. A few streaks of hepatization in anterior part of upper lobe that hardly reached to the surface. The right lung lobes were slightly injected, but fully crepitant. (There would have been disease of left upper lobe? Phthisical?)

2. The liver and spleen were both large, and the mesenteric glands all the way to ilio-colic valve. Yet no trace of ulceration was found in the intestines. They were in many places thickened and deeply injected, especially at the upper part of the ilia, but were very thin nearer the colon. The kidneys were large. The contents of the ilia were yellow and of slight odor.

PNEUMONIA.

Autopsy, 30m. to 24 hours after death.

✓ Autopsy of J. Karl, a colored soldier, begun thirty minutes after death, and ended twenty-four hours after death, March 4th, 1864.

A. Nearly six feet six inches high. Penis also long. Testes of good size. No scars.

B. — *SECTIO CADAVERIS.*

1. When first opened, from twenty to thirty minutes after death, as the knife went through the costal cartilage, deeper than I intended, a slight sighing sound was heard as if the air drew through, and a slight bubbling was heard in his throat, though no patch was on the thorax and this continued some seconds. When the heart was opened ~~into~~ but little blood flowed out, and this could readily be stopped by lifting up the edges of the cut. No trace of any deposit was felt in any part of ventricle, pulmonary artery, or auricle of right side. When opened the next day only two small black coagula were found in pericardium; and these were very thin and dull in color. In the right side a perfect cast of the auricle, of the pulmonary artery and its valves, and of the ventricle, and of a bubble of air occupying its anterior part was found of simple black coagulum. The left ventricle was empty, had a small, yellow fat-like clot at its apex, and a similar small one in its auricle. The inferior left lobe had a few old adhesions, and was rather deeply congested, being semi-solid. The superior left lobe was fully crepitant and but slightly injected. The surface of both had bubbles of emphysema, like shot, scattered under the serous membrane. The right middle lobe was also crepitant and better than the left lower lobe. The right upper lobe was quite congested though crepitant. The lower lobe was most thoroughly solidified of any, and in its posterior and its lower parts, the bronchi were dilated, were filled with pus, and surrounding substance dense, non crepitant, and of a deep, dark brown red.

2. The liver was rather large, but perhaps not too much so for his size. The spleen was large and softened. The kidneys were enormously large, and the cortical substance, especially of the right kidney, was yellow. The mesenteric glands were not enlarged, and hardened faeces occupied descending colon and rectum.

TYPHOID PNEUMONIA.

Autopsy, 15 hours after death.

✓ Autopsy of William Baker, a colored soldier, made fifteen hours after death, March 5th, 1864.

B. — *SECTIO CADAVERIS.*

1. Lungs nearly met before heart. Apex of heart in a line with nip-

ple. Heart mostly filled with black coagula.

Left upper lobe, with exception of anterior edge, of a soft, easily crushed, consistence, of a grey dirty color, without enlarged or well indicated bronchi; a dirty semi-purulent fluid flowing after section from all parts of cut surface. Left lower lobe, with exception of anterior edges, of a deep liver color, or a little more red, and solid, without purulent flow or show of any kind, but almost as easily crushed as upper lobe. The minuter bronchi showed white and somewhat prominent on section of the lower lobe. The excepted portions of left lung were filled with air, but only part of upper lobe was properly crepitant. The surface of left lung did not pit on pressure, and had some recent lymph effused on anterior and outer surface. Right lower lobe hepaticized, but not soft as left lower lobe, and partly crepitant. Right upper lobe very deeply congested, but fully crepitant. Right middle lobe fully crepitant, but injected with blood. Some frothy mucous in primary bronchi, but no pus deposits in any bronchi.

PHTHISIS PULMONALIS.

Autopsy, 3-4 of an hour after death.

Autopsy of Eli D. Seeley, a white soldier, made 3-4 of an hour after death, March 12th, 1864.

A. No rigor.

B. *SECTION CADAVERIS.*

1. Emphysema of subcutaneous cellular tissue over abdomen and of anterior mediastinum. Pericardium held about six oz. of clear fluid. Heart dilated, with a white tough patch on anterior surface of right ventricle. Walls of right ventricle very thin (about 1-8 of an inch.) Clot and coagula drawn out from far down the venæ cavæ, and continuous with those of right side and pulmonary artery. The clot of heart proper was not the white firm one nor the yellow fat like, but whitish semi-transparent, in successive layers, some quite transparent, others nearly opaque and with black coagula interposed in streaks. The greater part of black coagula lay on the inner side, (i. e., to the left) so that the white clot reached down from the auricula and right and anterior side of auricle through the triglochin valves, along the right side of ventricle into apex, then up on anterior and left side of infundibulum to pulmonary artery. Near, or just before, the semilunar valves the black coagulum became more or less central to the whitish clot, and inseparable in any lengthy strip from it. The casts over the valves were white superficially and black within. On the left side the successive layering of soft white clots and streaks of red and black coagula towards the center was still better shown. The white clots were however more transparent, if anything, and less firm and distinct than

on the right side. The ventricle, as usual, had but a little layer in its apex of diaphanous watery white clot.

Left lung ~~pushed away~~ to the left in front so that the heart lay on it, ~~was wholly~~ adherent, solid, cheesy, with bronchi dilated into cavities, full of pus in every direction. Some cavities size of a marble. The intermediate substance of the lung full of granular cartilaginous like points, was pale and without trace of crepitation. Right lung had the two upper lobes wholly adherent, both pale and full of the granules observed on the left side. The upper end was externally semi-diaphanous as if filled with water, and dark, but cut into, appeared comparatively dry and had a number of pus cavities, some of irregular shape and size of walnut. The very anterior edge of middle lobe had a little air in it; the rest of the two upper lobes non-crepitant. The lower lobe was crepitant, but scattered through it were the same granules already observed, and an occasional small cavity of pus. Two spots were noticed; the one having two or three central pus cavities size of pea, around which the granules were numerous and thickened, and the tissue of a pale, almost soaked appearance; the other with similar central pus cavities, had the tissue reddened and solidified around it like hepatisation. The two spots were about size of butternut, and near the posterior part of lower lobe.

2. The liver was pale, but large. The spleen also very large, and of a pink purple color. The kidneys were both large and pale. The pelvic cavity was half full of fluid. The bladder was nearly empty. The appendices epiploicæ were all very pale and appeared as if soaked.

PNEUMONIA.

Autopsy, 5 hours after death.

✓ Autopsy of Levi Parker, a colored soldier, made five hours after death, March 23d, 1864.

B. SECTIO CAD AVERIS.

1. The sagittal and coronal arteries were obliterated. The temporal and occipital bones, however, seemed to bulge outwards 1-4 of an inch from the skull surface. This was not found to have any internal corresponding fossæ. There was some effusion under the membranes which were very firmly adherent at apex of skull to each other by rough lymph deposits. The substance of the brain was hardened, but not congested; the ventricles distended; the choroid plexus of a faint red color; the medulla and corda-spinalis were hardened, and their membranes were quite adherent.

2. The pericardium held some four oz. of fluid. The heart was greatly distended, especially on the right side, but flabby. The tri-

Highly absorbent, full of granules, contains
pores and fine cavities. all the same
see Knight's Geology,

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glochian valves were found wholly covered on their free edges with warty growths, some an inch or more in length. A soft semi-diaphanous fat-like clot was found in the right side. At the bifurcation of the left pulmonary artery a smoothed lump of the size of a filbert, and of the same consistence as the warty growths, was found. The left lung was crepitant. The lower lobe had a tract on its anterior and outer surface of red hepatization standing inwards toward root of lung; the rest of the lung was of a soft texture, injected with blood and spotted with black points, like the lungs of an old person. The right lung was wholly adherent, very much flattened against the ribs; its upper end had enlarged bronchi filled with pus. The rest of the lung was of a deep red injected appearance, with the exception of the anterior edge of middle lobe, which was filled with air and a little more natural.

3. Left kidney had the supra renal capsule at its inferior end.

ALCOHOLISMUS ACUTUS with PNEUMONIA.

Autopsy, 6 hours after death.

✓ Autopsy of William Trant, a white soldier, made six hours after death, April 9th, 1864.

A. Numerous purple hypostatic marks on lower side of body; a few on upper side, which cut across showed no blood. Hands purple as also end of penis and prepuce. Most of this purple marking was said to have existed when he was still alive. There was a faint greenish patch on the left breast, an inch or two below the clavicle and just inside the deltoid line, about 2 1-2 inches across. That cut into showed fluid blood effused into the subcutaneous cellular tissue. The body was still warm and without rigor.

B. SECTIO CADAVERIS.

1. The scalp was quite free from calvarium and had rather more fluid blood than usual when cut into. Arachnoid and pia mater injected fully, the finer vessels appearing of a bright red (as seen by candle light), and the larger one blue. Some effusion at vertex, giving a pearly appearance between the gyri. The dura mater separated very readily from the other membranes in removing the skull cap. The superficial grey substance of brain seemed softer than usual, but the white substance seemed hard. Corpus striatum of a yellowish grey color tinged with red. Choroid plexus fully injected, and rather rosy in hue. Pineal gland of shape and size of a cherry, with smooth dark colored walls and feeling as though filled with fluid. The white fibres from the surface of the optic thalamus running backward and downward to commissure under pineal gland were very finely marked off on their anterior and inferior concave edge. (These from the superior pedun-

dies or habencæ of the conarium.) The right processus arciformis formed an elevated border around the inferior end of the olivary body of that side. The opposite had no special indication of it.

2. An ounce or two of effusion in pericardium. Anterior or superior surface of right auricle had old lymph deposits forming white irregular patches that could not be removed by scraping. A soft semi-transparent clot filled right side of heart.

The bronchi of left side had some frothy red mucus. The whole left lung was crepitant and free from adhesions, but with considerable hypostasis. There were deep red spots of size of plum in middle of left lower lobe, simulating pneumonia, but air could be squeezed from and through them. Right lung wholly adherent to diaphragm and outer anterior and minor walls of chest at lower half. These adhesions seemed firm enough to be old ones, and yet were easily torn through, apparently by a great infiltration of water, giving it a semi-diaphanous gelatinous appearance. The lower lobe was (hepatized?) solid, soft, saturated with water, and of a dirty grey red color. Its posterior part seemed purulent, but no distinct deposits of pus observed. It was in no degree crepitant. The right superior lobe was also solid, but not quite so soft, and of a brighter hue. The middle lobe had its posterior root part also solid, the anterior edge and a part of the surface being slightly crepitant though adherent to pleura. The cellular tissue of anterior mediastinum opposite this lobe was slightly emphysematous.

3. The liver was dark, large and full of blood; adherent by firm membranous bands to anterior abdominal wall and to diaphragm. The stomach and gall bladder were distended. The right kidney appeared a little lighter in color than the left; otherwise both were normal. The spleen was quite large and soft, and internally of a rich purple blue.

C. The man was brought in as suffering with delirium tremens, just able to walk, about 10 A. M., was treated with whiskey and laudanum, and put to bed, where he died in an hour or two. He said the whiskey tasted good, and was conseious, but had dirtied in his clothes. Was said to have been on a spree for a week.

Micrometric.—Muscular fibres from the lower part of M. rectus abdominis, which was of a dark red color, showed the transverse striatum well, and long narrow nuclei, when treated with acid. The fibres were easily isolated and their widths observed as below, the same evening. Muscular fibres from the anterior musculus papillaris of left ventricle, showed wide oblong nuclei, but were not easily isolated.

M. rectus abdominis	2-2 1-2 1000 in.—4-5 2000 in.
M. papillaris	1 1000 in.

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PNEUMONIA with DELIRIUM.

Autopsy, hours after death.

*Autopsy of John Walker, a colored soldier, made after death,
April 10th, 1864.*

B. *SECTIO CADAVERIS.*

~~1.~~ B. Some effusion under membranes of brain. Membranes also injected. substance of brain otherwise natural.

~~2.~~ A reddish fluid in pericardium, about two oz. in amount. Vessels of heart fully distended. A little lymph roughening posterior edge of right ventricle. A soft clot in ventricles. Left lung mostly crepitant, but injected. Posterior part of left lower lobe seemed one mass of dark black red color, as though saturated with coagulated blood and destitute of crepitus tissue not much softened, Right lung, lower lobe, solid and soft, of a dull grey color and as though saturated with water; upper lobe also solid and soft and nearly quite as saturated with fluid. Middle lobe crepitant in part, but rather soft and adherent at tips of anterior edge by which (?) emphysema of anterior cellular tissue of mediastinum.

~~3.~~ Liver as usual gorged with blood. Spleen had an accessory spleen of size of plum behind it, and some inch and a half from it along the vessels.

~~C.~~ Said to have died in a delirious state; snapping, biting &c. Had not spit at all as in pneumonia.

TRAUMATIC PYEMIA.

Autopsy, 8 hours after death.

Autopsy of Joseph Barnes, a white soldier, made about eight hours after death, April 10th, 1864.

A. A stout Irishman. Left thigh broken by a gunshot entering on anterior surface of thigh and passing out behind. A separate buckshot wound on minor surface, and another on outer surface of thigh nearly on the same level. One shot was cut out higher up, just below the nates on the posterior surface of thigh. The thigh was greatly swollen and felt hard. A very offensive pus being discharged at anterior opening.

B. *SECTIO CADAVERIS.*

1. Brain membranes seemed injected, but there was no effusion. Ventricles dilated, but empty. Choroid plexus fully distended with blood.

2. Heart on left side quite overlying the lung: large, but normal. Clot firm, but rather yellow, like an old ring, and very doughy to the

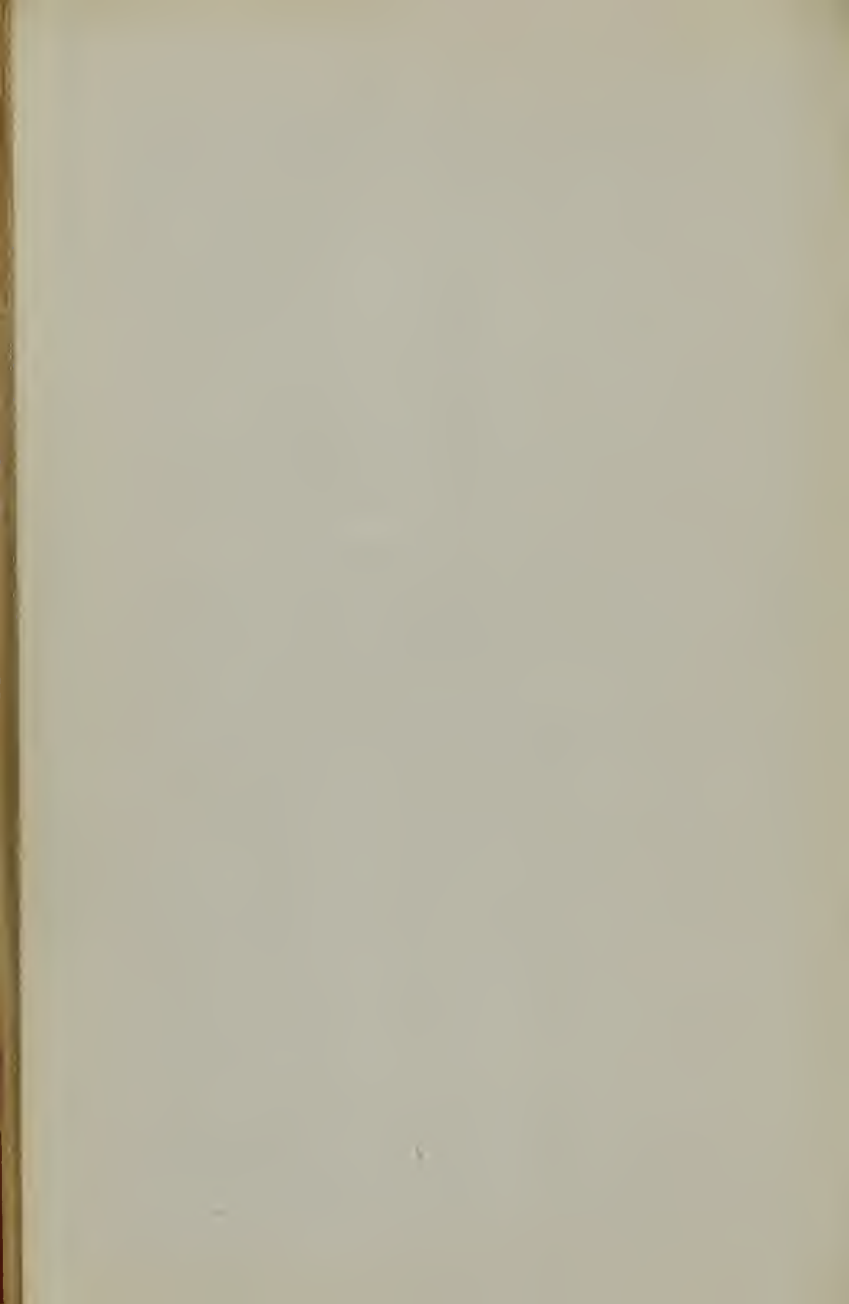
touch. Walls of aorta also very yellow in color. Left lung crepitant, but filled with blood that flowed freely after the knife. Left lower lobe had a spot or two that seemed of a uniform deep red color, but into which air could be forced. The tissue at large was however much softened. Right lung had some old adhesions on the anterior and lower edge. Lower lobe non-crepitant, of a very dark liver red color, and filled with blood which flowed freely after the knife. The tissue was soft and saturated, but not with pus. A few small points of pus (as shown by microscope) were scattered in the substance of the lower lobe, and appeared to be in the tissue and not in bronchi. The upper lobe was also saturated with blood, of a lighter color and contained some little air. Its tissue was not softened. The middle lobe was crepitant, of a beautiful grey pink color, spotted with crimson. The anterior adherent edge was opposite the emphysematous cellular tissue of anterior mediastinum. No capillary bronchi was seen to be enlarged, and the primary bronchus though having reddish froth, had no inflammation.

3. Liver appeared normal. Spleen unusually large and soft, and of the pale color of freshly broken surface of chocolate cakes. Pancreas felt very hard, and of a fat white color, like tallow. Kidneys normal. Sigmoid flexure and adjoining part of decending colon, flattened and of an old ivory yellow hue. A gland on the psoas magnus of a dirty color and size of almond kernel.

A number of pieces of bone were found in the lower side of wound of thigh in a mass of purulent, dirty, and offensive fluid. The fragments were not themselves perceptibly altered. The inter-muscular cellular tissue was farthest from the wound and anteriorly of a yellow color and semi-transparent, with some deposits of yellow white lymph. Deeper it was of a dirty grey color and softened. The rectus femoris was in part dirty, but the mass of it was of a very deep red color almost brown. The softening and dirty tissue reached upward to beneath Pou-parts ligament, and along the bone to trochanters. Below, the femur was denuded of periosteum almost down to joint on posterior surface. The cavity of joint was filled with a yellow puriform fluid. The femoral artery was not observed to be changed in its course near the purulent cavity, nor was the vein, except perhaps that both remained rigidly gaping when cut across.

C. The man was shot just seven days before.

Micrometric observations.—The fibres of rectus abdominis were a little pale, perhaps, and under the microscope showed very various stages of degeneration into granular bands and fat globules. There was also what appeared to be more than usual, of connective fibres looping



from fibrilla to fibrilla. The fibres were rather irregular in width, varying from 5-6 2000 of an inch in diameter.

No nuclei were found in fibres becoming in any degree granular.

TRAUMATIC HEMORRHAGE.

Autopsy, hours after death.

Autopsy of Benjamin F. Mateicar, a colored soldier, made after death, April 11th, 1864.

A. A muscular well built fellow. A small flesh-scabbed scar, about two inches above nipple, and one inch outside on the anterior face of axillary fold of pectoralis major a little less than half way from nipple to axilla. A transverse incision about an inch in length on the back, two or three inches to the right of spine, and a little below the inferior angle of the scapula, from which some blood was still oozing. There was a very slight tumefaction to the outside of anterior wound on anterior fold of axilla. Well marked rigor. Some blood flowed from mouth on pressure of the chest.

B. *SECTIO CADAVERIS.*

1. The subcutaneous cellular tissue was found minutely emphysematous over the anterior and lateral surface of chest and abdomen, and behind in the loins. That of the neck above the clavicle was not emphysematous. The cellular tissue, for an inch or so around the wound was of a black color, and filled with coagulated blood. The same appearance extended backward to anterior edge of axilla, where it formed the tumefaction already spoken of, and downward in a streak or two in the direction of the floating ribs and to the loins. The wound perforated the pectoralis major, beneath which coagulated blood was extravasated as far up as the second rib: perforated also the lower part of the pectoralis minor, under which blood was diffused only between the third and fourth ribs, and finally perforated the upper part of the fourth rib, splintering a longitudinal slip of bone from its upper edge, which slip lay depressed inward. The rib was not fractured across. The clavicle was found to have an old oblique fracture of its sternal end, some half inch from sternum.

The left lung was found free from adhesions, of a dark red color, filled with more or less fluid and coagulated blood. The tissue was not specially softened, (if anywhere, in the posterior part of inferior lobe,) and yet, from the root of the lower lobe and the interlobular fissure, a few patches of a more uniformly liver red color, apparently not wholly crepitant, and yet not hard and unyielding like progressive hepatization, were found streaking downward. Two or three caseous bodies of

size and shape of a small bean were found at surface and on the outer and under side of lower lobe. (He was convalescent from a pneumonia of left lower lobe.) The bronchus was filled with bloody froth, and there was some little injection of the mucous surface. The right lung was extensively adherent by bands of lymph above or on the anterior surface, by a tissue filled with watery yellow fluid, and so appearing semi-diaphanous on the posterior and outer surfaces. This saturated tissue also pushed upward in the neck above the clavicle, but below Meekels fascia. The outer tissue of the lung was found saturated with black blood, more or less coagulated, but little or none was found in the pleural cavity. An opening continuous with that of the fourth rib, was found in the middle lobe of right side, passing backwards and downwards, and very slightly inwards near the root of the lobe, where it cut a small branch,—size of pigeon quill,—of the branch of the right pulmonary artery to that lobe. It continued onward through the lower lobe, and opened finally between the eighth and ninth ribs some two and a half inches to the right of the spine. The bronchi, here, were injected with blood and filled with frothy blood. The tissue of these lobes was non-crepitant, but not very greatly softened. The heart was flaccid, yet had a tolerably firm white clot occupying the outer side of the right cavities, and having inside, or to the left of that, a black coagulum. The right side had also some clot. An ounce of fluid, perhaps, in pericardium.

2. Liver normal, but rather free from blood. Spleen enlarged, softened; very pale, like tarnished lead, externally.

Minutes of the Post Mortem examination of B. F. Matiecer, Co. C. 29th C. V., shot April 7th, died April 11th, 1864.

Matiecer died this morning in Ward Two, having been brought into the Hospital Thursday night, (April 7th) soon after 11 o'clock. He was found then to have a shot wound in the right breast, about two inches above, and one inch outside of right nipple. Was cold, had frequent and small pulse, hurried respiration, and his clothing was saturated with blood. He was also spitting frothy blood. Dr. Casey (the Surgeon on duty) decided that the ball had penetrated the chest and wounded the lung, and was therefore a dangerous wound. The ball (a small conical pistol ball) was found next morning lying just under the skin of the back, about two inches from the spine, on right side, whence it was extracted by incision by Dr. Townsend, the Surgeon in charge of the Ward.

Autopsy.—External wound small and nearly closed over or glazed, about two inches above, and one inch to the outside of nipple. The wound was traced through the pectoral muscle, and found to have

passed into the chest through the upper edge of the fourth rib, which the ball had splintered in its passage. It (the ball) entered the anterior portion of the middle lobe, passed downward and out of the posterior portion of lower lobe of the right lung, and made its exit from the chest through the space between the eighth and ninth ribs at the right of spine. There was extensive emphysema diffused through cellular tissue on outside of chest, under the skin, and under the muscles, extending down as far as the loins. Blood also was extravasated through the muscles of the back. The ribs were then severed (by sawing) on the right side, and the pleura found adhering to them and to the diaphragm.

The cavity of chest contained some fluid, and the pulmonary cellular tissue was largely infiltrated. Blood extravasated around the anterior wound of the lung—a probe (or blow-pipe) was passed through the sinus in track of the ball and the lung incised down upon it. The tissue of the lung was found to be extensively infiltrated with black blood, was hardened or condensed throughout. A bronchial tube had been cut by the ball and was much inflamed. A large branch of the pulmonary artery was found to have been cut by the ball, and hence proceeded the hemorrhage which proved fatal.

It may be mentioned incidentally that there was found an old but firmly united fracture of the clavicle close to its sternal extremity. There can be no doubt that the pistol shot occasioned death by hemorrhage from the pulmonary branch above mentioned, as the spitting of frothy blood continued during the period between his admission and death.

There was very little bleeding from the external wound after his admission. But according to the statements of those who saw him soon after he was shot, the hemorrhage was then profuse. Such also was the evidence of his clothing, which was very bloody.

PNEUMONIAL CONGESTION.

Autopsy, 30 hours after death.

✓ *Autopsy of Reuben W. Baker, a white soldier, made about thirty hours after death, April 17th, 1864.*

A. A stout man, rigor well marked. Numerous purpleish stains (hypostatic ?) on posterior sides of body, neck and arms, some on anterior and lateral surfaces. These did not leave on the slight pressure made, but cut lightly across, found to lie wholly in the skin above the subcutaneous fat, appearing as minute points on each side of cut. These stains could be wholly removed when cut across by pressing the blood, as could be done readily, into the cut, the skin recovering its whiteness.

B. *SECTIO CADAVERIS.*

1. Arachnoid firmly adherent to dura mater at vertex, showing rough white lymph like spots when torn away. Considerable fluid also under membranes at vertex, the various gyri being well separated and the pia mater coming out very readily. Substance of brain seemed but little altered. The commissura-mollis was found to be double and of unusual size. When cut across it presented a section about as figured. On the superior surface of superior portion of this commissure there appeared a small roundish depression; I fancied like a small ulcer.

2. Pericardium held some six ounces of fluid, in which were also small flocculent tufts. Similar villous appearance of inferior edge of right ventricle, of right auricle and of aorta. The aorta was enlarged. A tolerably firm clot in right side to the outside of black coagulum. Right auricle enlarged. A small clot in left side. One of the semilunar valves of aorta had a little white, hard granule or two on its inner (not in the sinus) side. The right half of mitral valve was also greatly thickened, and of a white cartilaginous appearance.

Left lower lobe of lung of a pretty uniformly intense red color, and injected with blood, which diffused itself after the knife. This lobe was bronchially crepitant throughout (i. e., small bubbles came out from the minute bronchi, but no tissual or cellular cavities.) There were faint spots of pus in the bronchial tubes which were inflamed, but not hardened and pointing. Left upper lobe was also crepitant, with exception of anterior edge from interlobular fissure, some four inches superiorly, and two inches outward. There was a tract that was hard, solid, indurated, each separate lobe showing both on section and at surface, some of a deep red, others grey, all more or less saturated with water. The rest of this upper lobe was injected, but not so fully as the lower lobe. The right lower lobe was solid, (i. e., wholly non-crepitant,) soft, saturated with water, and very free from blood on section. It was of a reddish grey color, with very few points of pus from bronchi. From one of the vessels, arteries, near root of this lobe, was drawn out a long, hard white clot with numerous rough fungus like growths as have been found on valves of heart. The upper lobe was bronchially crepitant, was saturated with water which flowed freely, and the posterior portion was of a uniform red chalk color (like the brown red of Etruscan pottery.) The anterior part was also cellularly crepitant, more distinctly injected, and of a variegated red grey. The middle lobe was wholly crepitant, except at root, where it was also of a chalk red color, and saturated with water. The right lung had recent lymph adhesions on inferior outer and posterior sides of lowest lobe. The left lung had no adhesions.

3. The abdomen seemed tumefied, the navel being sunk deeply: but

it seemed on section to be only the sub-cutaneous fatty tissue which was tumefied over middle portion of rectus. Liver was large, soft and pale, and destitute of blood. The left lobe having a finely variegated yellow color, something like cirrhosis. The spleen was some nine inches long and four or five inches wide, and internally soft, almost to pulraceousness. A small round spleen of size of plum, behind this, was wholly pulraceous. The kidneys were natural, but soft, especially the left one, which tore freely, showing finely the tubes and tufts.

